HEALTH SERVICES AND DEVELOPMENT AGENCY MEETING
AUGUST 27, 2014
APPLICATION SUMMARY

NAME OF PROJECT:	Hospice Alpha, Inc.
PROJECT NUMBER:	CN1404-010
ADDRESS:	102 N. Poplar Street Linden (Perry County), Tennessee 37096
LEGAL OWNER:	Hospice Alpha, Inc. 2131 Murfreesboro Road, Suite 209 Nashville (Davidson County), TN 37217
OPERATING ENTITY:	Not Applicable
CONTACT PERSON:	E. Graham Baker, Jr. (615) 370-3380
DATE FILED:	April 14, 2014
PROJECT COST:	$95,500
FINANCING:	Cash Reserves
PURPOSE OF FILING:	Establishment of a home care organization and the initiation of hospice services

DESCRIPTION:

Hospice Alpha, Inc. is seeking approval to establish in-home hospice services in a service area that will consist of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

STANDARDS AND CRITERIA APPLICABLE TO BOTH RESIDENTIAL AND HOSPICE SERVICES APPLICATIONS

1. **Adequate Staffing:** An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed Service Area.

   The applicant will follow the National Hospice and Palliative Care Organization (NHPCO) staffing guidelines. A description of the guidelines is located on page 9 of the supplemental response. In addition, the applicant anticipates no problems in recruiting qualified nursing staff due to the current high unemployment rate in the service area and the availability of nursing graduates. ***Note to Agency Members: While the applicant may not anticipate any problems recruiting registered nurses, the staffing pattern does not reflect how other core services such as medical/social and counseling (bereavement) services will be provided. Other non-core services such as therapies, dietary counseling, and homemaker services are also not reflected in the proposed staffing plan. The proposed plan reflects only 2 registered nurses, 4 certified nursing assistants and an administrator at a cost of $298,680 in Year 1.***

   It is questionable as to whether this criterion has been met.

2. **Community Linkage Plan:** The applicant shall provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application shall detail specific instances of unmet need for hospice services.

   The applicant will seek relationships with hospitals, nursing homes, assisted living facilities, and other hospice providers in the 12-county service area. The applicant provided general support letters from 2 physician and 2 nursing home administrators from Humphreys and Perry Counties in Supplemental C. Need.1. None of the letters detailed any specific unmet need.

*It appears this criterion has **not** been met.*

3. **Proposed Charges:** The applicant shall list its benefit level charges, which shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.

   The charges of approximately $163.49 per day by the applicant are slightly higher than the existing Medicare per diem rate of $156.26. The applicant provided a comparable cost chart in Attachment C.EF.6.B. consisting of 15 existing hospice providers that list a per diem range from $132.00 to $149.00. However, the applicant indicates the Medicare per diem rate has increased since 2013.

   It appears this criterion has been met.

4. **Access:** The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

   The applicant indicated a willingness to serve all residents in the proposed service area. However, the applicant did not provide instances that show there is limited access in the proposed service area.

   It appears this criterion has partially been met.

5. **Indigent Care.** The applicant should include a plan for its care of indigent patients in the Service Area, including:

   a. Demonstrating a plan to work with community-based organizations in the Service Area to develop a support system to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services.
   b. Details about how the applicant plans to provide this outreach.
   c. Details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

Indigent outreach and educations efforts will be conducted to various groups in the service area.

Hospice Alpha, Inc. will maintain a hospice memorial fund consisting of donations. Up to $5,000 of the memorial fund can be utilized for direct patient care, and up to $1,000 for indirect patient care with the approval of the hospice administrator. The applicant's hospice memorial fund policy is located on pages 10-11 of the supplemental response.

The Projected Data Chart of the applicant reflects the following:

- *Charity care at approximately 5.0% of total gross revenue in Year One and Year Two equaling to $35,803 and $50,854, respectively.*
- *Charity Care calculates to 2.4 cases of 48 total cases per year in Year One increasing to 4.3 cases of 85 total cases per year in Year Two.*

It appears this criterion has been met.

6. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., and the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensing survey.

   The applicant indicates policies and procedures are in place to meet the requirements of the Quality Data Collection and submission to CMS. The applicant plans to work toward accreditation by The Joint Commission within the 1st year of operation.

   It appears this criterion has been met.

7. **Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

   The applicant agrees to provide all required information and data as listed above.

   It appears this criterion has been met.

8. **Education.** The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.

   The applicant describes a general plan to meet with the above identified providers focusing on provider educational presentations and physician outreach on page 13 of the supplemental response.

   It appears this criterion has been met.

9. **Need Formula**. The need for Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate

Where:

A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health;

and

B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate and if there is a need shown for at least 120 additional hospice service recipients in the proposed Service Area.

The following formula to determine the demand for additional hospice service recipients shall be applied to each county, and the results should be aggregated for the proposed service area:

(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B

Hospice Need Formula Table

County	*2011 Patients serviced*	*2012 Patients served*	*Mean (A)*		*2011 Deaths*	*2012 Deaths*	*Mean (B)*	*County Hospice Penetration Rate (C)*	*Statewide Penetration Median Rate (D)*	*Demand for Additional Service (E)*
Benton	*88*	*108*	*98*		*235*	*221*	*228*	*0.430*		*(14)*
Chester	*53*	*58*	*56*		*161*	*160*	*161*	*0.346*		*3*
Decatur	*45*	*43*	*44*		*145*	*150*	*148*	*0.298*		*10*
Hardin	*96*	*106*	*101*		*310*	*324*	*317*	*0.319*		*15*
Henderson	*107*	*125*	*116*		*276*	*296*	*286*	*0.406*		*(11)*
Hickman	*118*	*93*	*106*		*241*	*244*	*243*	*0.435*		*(17)*
Humphreys	*62*	*82*	*72*		*222*	*202*	*212*	*0.340*		*6*
Lawrence	*179*	*187*	*183*		*433*	*467*	*450*	*0.407*		*(18)*
Lewis	*42*	*38*	*40*		*133*	*114*	*124*	*0.324*		*5*
McNairy	*114*	*151*	*133*		*287*	*297*	*291*	*0.456*		*(26)*
Perry	*21*	*23*	*22*		*95*	*86*	*91*	*0.243*		*11*
Wayne	*69*	*60*	*65*		*154*	*170*	*162*	*0.398*		*(5)*
	994	***1,074***	***1,036***		***2,692***	***2,731***	***2,713***		***.367***	***-41***

Source: 2011 and 2012 Joint Annual Reports

The hospice need formula applied to the proposed service area is as follows:

- ***A** (Mean of patient served)/**B** (Mean of 2011 and 2012 Deaths)= (**C**) County Penetration Rate*
- *.80% x (**D**) the Statewide Penetration Rate - (**C**) County Hospice Penetrations Rate x (**B**) the Mean Deaths for 2010 and 2011= (**E**) Demand for Additional Services*
- *There is a net surplus of 41 hospice recipients in the 12 county proposed service area.*

It appears this criterion is <u>not</u> met. Numerically, when the need formula was applied to the 12-county service area overall, no demand for additional services was demonstrated. The formula showed a surplus of 41 patients. The current standard is that need should be demonstrated for at least 120 additional hospice service recipients in the proposed service area. Chester, Decatur, Hardin, Humphreys, Lewis, and Perry

Counties showed a slight need ranging from 3 to 15 patients while Benton, Henderson, Hickman, Lawrence, McNairy, and Wayne Counties showed a surplus ranging from (5) to (26) patients.

Staff Summary

The following information is a summary of the original application and all supplemental responses. Any staff comments or notes, if applicable, will be in bold italics.

Hospice Alpha, Inc. proposes to offer a comprehensive range of hospice services including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. Nursing care and home health aide care will be provided directly by the applicant with all other services being provided under contract. The applicant indicates in the supplemental response that perinatal and pediatric hospice services will not be provided.

An overview of the project is provided in the Executive Summary of the original application.

Ownership

- Hospice Alpha, Inc. is 100% owned by Beatrice Nkoli Mbonu.
- Beatrice Nkoli Mbonu is currently a Texas registered nurse originally licensed in September 2003.
- Hospice Alpha, Inc. is an active Tennessee registered for-profit corporation that was formed in March 2013.
- Beatrice Nkoli Mbonu currently operates Jubilee Home Health Care, Inc. located in Houston, Texas originally licensed by the Texas Department of Aging and Disability Services in March 2007 to provide home health and personal care services.
- The applicant owns Solo Care Inc., a 6 month old supportive services agency located in Nashville, TN contracted with the Tennessee Department of Intellectual and Developmental Disabilities.

Facility Information

- The applicant will lease 902 square feet of office space for $400 a month.
- The office of Hospice Alpha, Inc. will be located at a store front in downtown Linden, Tennessee across from the Perry County Courthouse.
- The driving time and distance from the proposed administrative office in Linden (Perry County) to major cities in the 12 county service area ranges from 19.0 miles (24 minutes) to Hohenwald, TN, to 68.4 miles (1 hour 20 minutes) to Selmer, TN.

- Currently, no branch offices are anticipated since all the county seats of the counties in the proposed service area are within 100 miles.

Project Need

The applicant seeks to deliver general in-home hospice services to residents in a 12 county service area. The rationale for this project includes:

- There is a need to serve at least 22 more patients in the total service area. ***Note to Agency members: According to the Department of Health Report there is a net surplus of 41 in the proposed service area.***
- The applicant believes the hospice penetration rate should be higher with increased education of the general public.
- 11 of the 12 counties are totally considered medically underserved areas, while part of the 12th county (Humphreys) is also considered underserved.

Service Area Demographics

Hospice Alpha, Inc.'s declared service area is Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

- The total population of the service area is estimated at 248,560 residents in calendar year (CY) 2014 increasing by approximately 1.0% to 251,047 residents in CY 2018.
- The overall statewide population is projected to grow by 3.7% from 2014 to 2018.
- The 65 and older population in the service area will increase from 18.6% of the general population in 2014 to 19.9% in 2018. The statewide 65 and older population will increase from 14.9% in 2014 of the general population to 16.1% in 2018.
- The latest 2014 percentage of the proposed service area population enrolled in the TennCare program is approximately 20.8%, as compared to the statewide enrollment proportion of 17.3%.

Sources: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics, U.S. Census Bureau, Bureau of Tenncare.

Service Area Historical Utilization

The trend of hospice patients served in the proposed service area is presented in the table below.

SERVICE AREA HISTORICAL UTLIZATION

County	#Agencies Licensed to Serve (2013)	#Agencies that Served (2013)	2011 Hospice Patients	2012 Hospice Patients	2013 Hospice Patients	'11-'13% Change
Benton	7	6	88	108	88	0.00%
Chester	7	6	53	58	54	1.89%
Decatur	7	5	45	43	41	-8.89%
Hardin	8	8	96	106	165	71.88%
Henderson	7	6	107	125	142	32.71%
Hickman	7	5	118	93	92	-22.03%
Humphreys	7	6	62	82	103	66.13%
Lawrence	7	6	179	187	191	6.70%
Lewis	6	4	42	38	43	2.38%
McNairy	7	7	114	151	157	37.72%
Perry	5	3	21	23	18	-14.29%
Wayne	6	4	69	60	92	33.33%
Service Area Total	**15***	**15***	**994**	**1,074**	**1,186**	**19.3%**

Source: 2011-2013 Hospice Joint Annual Report and DOH Licensure Applicable Listings
**Unduplicated Count*

- The chart above demonstrates there has been an increase of over 19% in hospice patients served in the proposed 12 county service area between 2011 and 2013.
- Hardin County reflected the highest increase in hospice utilization from 96 patients in 2011 to 165 in 2013, a 71.9% increase.
- Hickman County experienced the highest decrease in hospice patients from 118 in 2011 to 92 in 2013, a 22.03% decrease.

The chart on the next page reveals the following information:

- Of the 15 hospice providers in the proposed service area, Unity Hospice Care of Tennessee, LLC (Perry County) demonstrated the highest percentage increase in hospice patients from 103 patients in 2011 to 174 in 2013, a 69% increase.
- There were 5 hospice providers that experienced a decrease in patient volume from 2011 to 2013; however those providers only represented 13.9% of the total hospice patient volume in 2013.

2011-2013 HOSPICE UTILIZATION TRENDS-SERVICE AREA

Agency/Parent County	*2011 Patients*	*2012 Patients*	*2013 Patients*	*2011-2013 % change*
Aseracare Hospice –/Carroll	67	102	103	54%
Baptist Memorial Home Care and Hospice/Carroll	2	4	2	0.00%
Hospice Compassus - The Highland Rim/Coffee	108	125	122	13%
Avalon Hospice/Davidson	62	61	60	-3.2%
Caris Healthcare/Davidson	123	126	127	3.3%
Caris Healthcare*/Fayette	17	7	13	-23.5%
Henry County Medical Center Hospice/Henry	14	14	13	-7.1%
Legacy Hospice of the South/McNairy	53	60	69	30.2%
Hospice of West Tennessee/Madison	128	125	132	3.1%
Tennessee Quality Hospice/Madison	200	225	266	33%
Unity Hospice Care of Tennessee, LLC/Perry	103	124	174	69%
Volunteer Hospice/Wayne	86	73	75	-12.8%
Guardian Hospice of Nashville, LLC/Williamson	10	9	12	20%
Willowbrook Hospice, Inc./Williamson	9	4	4	-55.6%
Magnolia Regional Health Care Home Hospice/Alcorn (MS)	12	15	14	16.7%
Service Area Total	**994**	**1,074**	**1,186**	**19.3%**

Source: 2011-2013 Joint Annual Reports

**Caris Healthcare in Gibson County which included 4 of the counties in the proposed service area effectively merged its service area via CN1210-047A (and surrendered its license) into Caris Healthcare-Fayette which contained 1 of the counties in the proposed service area. Patient counts from the Gibson County license were added to the Fayette County license. For 2011 and 2012, there were 16 licensed agencies instead of the 15 now currently operating. While this decreased the number of licensed agencies, there was no decrease in services.*

Hospice Market Share of Service Area/Agency

The chart on the next page reveals the following market share information:

- Tennessee Quality Hospice had the largest market share of just over 22%.
- Avalon, Caris (Fayette County), and Willowbrook Hospice, Inc. had less than 5% dependence on patient volumes from the 12 county service area while Unity Hospice of Tennessee and Volunteer Hospice was 100% dependent on patient volumes from the service area.

2013 Hospice Agency Service Market Share and Patient Origin

Agency/County	Agency Patients From Service Area	% Market Share	Total Patients Served	% Dependence on Service Area
Aseracare Hospice - McKenzie	103	8.68%	808	12.75%
Baptist Memorial Home Care and	2	0.17%	53	3.77%
Hospice Compassus - The Highland	122	10.29%	912	13.38%
Avalon Hospice	60	5.06%	1,415	4.24%
Caris Healthcare (Davidson)	127	10.71%	837	15.17%
Caris Healthcare (Fayette)	13	1.10%	349	3.72%
Henry County Medical Center Hospice	13	1.10%	152	8.55%
Legacy Hospice of the South	69	5.82%	85	81.18%
Hospice of West Tennessee	132	11.13%	813	16.24%
Tennessee Quality Hospice	266	22.43%	487	54.62%
Unity Hospice Care of Tennessee,	174	14.67%	174	100.00%
Volunteer Hospice	75	6.32%	75	100.00%
Guardian Hospice of Nashville, LLC	12	1.01%	234	5.13%
Willowbrook Hospice, Inc.	4	0.34%	276	1.45%
Magnolia Regional Health Care Home	14	1.18%	97	14.43%
TOTAL COUNTY	**1,186**	**100.0%**	**6,767**	**17.2%**

Source: 2013 Joint Annual Report

Project Utilization

- 48 patients with an average daily census (ADC) of 9.3 patients is projected in Year One of the proposed project increasing to 85 patients with an ADC of 16.5 patients in Year Two. The projected average hospice patient length of stay is 71 days in Year 1 and Year 2.

Project Cost

Total project cost is $95,500. The total estimated project costs are:

- Legal/administrative/consultant fees of $50,000 and a $3,000 filing fee
- Fixed Equipment: $12,500
- FMV of Facility-$30,000.

Historical Data Chart

Since this is a new proposed hospice provider, a historical data chart was not provided.

Projected Data Chart

The Projected Data Chart reflects $716,057.00 in total gross revenue on 48 cases during the first year of operation and $1,017,080 on 85 cases in Year Two (approximately $11,966 per case). The Projected Data Chart reflects the following:

- Net operating income less capital expenditures for the applicant will equal $98,332 in Year One increasing to $228,864 in Year Two.
- Net operating revenue after bad debt, charity care, and contractual adjustments is expected to reach $935,714 or approximately 92% of total gross revenue in Year Two.
- Charity care at approximately 5.0% of total gross revenue in Year One and Year Two equaling to $35,803 and $50,854, respectively.
- Charity Care calculates to 3.0 cases per year in Year One increasing to 4.25 cases per year in Year Two.

Charges

In Year One of the proposed project, the average charge per case is as follows:

- The proposed average gross charge is $11,966/case in Year One.
- The average deduction is $1,193/case, producing an average net charge of $13,724/case.

Medicare/TennCare Payor Mix

- Medicare- Charges will equal $461,141 in Year One representing 70% of net operating revenue
- TennCare/Medicaid- Charges will equal $45,456 in Year One representing 7% of net operating revenue.

Financing

An April 21, 2014 letter from Chike R. Mbonu, Chief Financial Officer of Hospice Alpha, Inc., confirms the applicant has sufficient cash reserves to finance the proposed project.

A financial statement located in Attachment C.EF.10 from Bank of America for Hospice Alpha, Inc. for the period ending March 31, 2014 indicates a balance of $116,020 in cash.

Staffing

The applicant's proposed direct patient care staffing in Year One includes the following:

- 2.0 FTE Registered Nurses, and
- 4.0 FTE Certified Nursing Assistants

Hospice staff will be located closer to where the patients originate in the service area to reduce drive distances and response times.

Licensure/Accreditation

Hospice Alpha, Inc. will be licensed by the Tennessee Department of Health.

Corporate and property documentation are on file at the Agency office and will be available at the Agency meeting.

Should the Agency vote to approve this project, the CON would expire in two years.

CERTIFICATE OF NEED INFORMATION FOR THE APPLICANT

There are no other Letters of Intent, denied or pending applications, or outstanding Certificates of Need for this applicant.

CERTIFICATE OF NEED INFORMATION FOR OTHER SERVICE AREA FACILITIES:

There are no other Letters of Intent, pending applications, or outstanding Certificates of Need for other health care organizations in the service area proposing this type of service.

Denied Applications

Community Hospices of America-Tennessee, LLC d/b/a Hospice Compassus-The Highland Rim, CN1306-020D, was denied at the September 25, 2013 Agency meeting. The application was for the addition of Decatur, Hardin, Humphreys, Perry, and Wayne Counties to the service area of Hospice Compassus which is currently licensed in Bedford, Cannon, Coffee, Franklin, Giles, Grundy, Hickman, Lawrence, Lewis, Marshall, Maury and Moore counties. Estimated project cost was **$63,000**. *Reason for Denial: There is a lack of need in the service area.*

PLEASE REFER TO THE REPORT BY THE DEPARTMENT OF HEALTH, DIVISION OF HEALTH STATISTICS, FOR A DETAILED ANALYSIS OF THE STATUTORY CRITERIA OF NEED, ECONOMIC FEASIBILITY, AND CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE IN THE AREA FOR THIS PROJECT. THAT REPORT IS ATTACHED TO THIS SUMMARY IMMEDIATELY FOLLOWING THE COLOR DIVIDER PAGE.

PME
08/01/2014

LETTER OF INTENT

LETTER OF INTENT
TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is to be published in the *The Tennessean* (Name of Newspaper) which is a newspaper

of general circulation in Humphreys, Hickman, Lawrence, Lewis & Wayne (Counties) on or before April 9, 2014 (Month / day) (Year) for one day.

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This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $100,000.00.

The anticipated date of filing the application is: April 14, 2014.

The contact person for this project is E. Graham Baker, Jr. (Contact Name) Attorney (Title)

who may be reached at: his office at (Company Name) 2021 Richard Jones Road, Suite 120 (Address)

Nashville (City)	TN (State)	37215 (Zip Code)	615/ 370-3380 (Area Code / Phone Number)
E. Graham Baker, Jr. (Signature)		04/08/14 (Date)	graham@grahambaker.net (E-mail Address)

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The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243

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The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

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Copy Application

Hospice Alpha Inc
Linden, Perry County TN

CN1404-010

CERTIFICATE OF NEED APPLICATION

For

The Establishment of a Non-Residential Hospice

by

Hospice Alpha, Inc.
102 N. Poplar Street
Linden, Perry County, Tennessee 37096

STATE OF TENNESSEE
HEALTH SERVICES AND DEVELOPMENT AGENCY
502 Deaderick Street
9th Floor
Nashville, Tennessee 37243
615/741-2364

FILING DATE: April 14, 2014

SECTION A: APPLICANT PROFILE 18

1. Name of Facility, Agency or Institution

Hospice Alpha, Inc.
Name

102 N. Poplar Street — Perry
Street or Route — County

Linden, — TN — 37096
City — State — Zip Code

2. Contact Person Available for Responses to Questions

E. Graham Baker, Jr. — Attorney
Name — Title

E. Graham Baker, Jr., Attorney at Law — graham@grahambaker.net
Company Name — e-mail address

2021 Richard Jones Road, Suite 120 — Nashville, — TN — 37215
Street or Route — City — State — Zip Code

Attorney — 615/370-3380 — 615/221-0080
Association with Owner — Phone Number — Fax Number

3. Owner of the Facility, Agency, or Institution

Hospice Alpha, Inc. — 615/582-6396
Name — Phone Number

2131 Murfreesboro Road, Suite 209 — Davidson
Street or Route — County

Nashville, — TN — 37217
City — State — Zip Code

4. Type of Ownership of Control (Check One)

A.	Sole Proprietorship	____	F.	Governmental (State of Tenn. or Political Subdivision)	____
B.	Partnership	____	G.	Joint Venture	____
C.	Limited Partnership	____	H.	Limited Liability Company	____
D.	Corporation (For-Profit)	X	I.	Other (Specify) _____	____
E.	Corporation (Not-for-Profit)	____			

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS. See *Attachment A.4.*

SECTION A:

APPLICANT PROFILE

Please enter all Section A responses on this form. All questions must be answered. If an item does not apply, please indicate "N/A". ***Attach appropriate documentation as an Appendix at the end of the application and reference the applicable Item Number on the attachment.***

Section A, Item 1: Facility Name must be applicant facility's name and address must be the site of the proposed project.

Response: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Section A, Item 3: Attach a copy of the partnership agreement, or corporate charter and certificate of corporate existence, if applicable, from the Tennessee Secretary of State.

Response: The requested documents for the Applicant are included in the application as *Attachment A.4.*

Section A, Item 4: Describe the existing or proposed ownership structure of the applicant, including an ownership structure organizational chart. Explain the corporate structure and the manner in which all entities of the ownership structure relate to the applicant. As applicable, identify the members of the ownership entity and each member's percentage of ownership, for those members with 5% or more ownership interest. In addition, please document the financial interest of the applicant, and the applicant's parent company/owner in any other health care institution as defined in Tennessee Code Annotated, §68-11-1602 in Tennessee. At a minimum, please provide the name, address, current status of licensure/certification, and percentage of ownership for each health care institution identified.

Response: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Section A, Item 5: For new facilities or existing facilities without a current management agreement, attach a copy of a draft management agreement that at least includes the anticipated scope of management services to be provided, the anticipated term of the agreement, and the anticipated management fee payment methodology and schedule. For facilities with existing management agreements, attach a copy of the fully executed final contract

Please describe the management entity's experience in providing management services for the type of the facility, which is the same or similar to the applicant facility. Please describe the ownership structure of the management entity.

Response: Not applicable.

Section A, Item 6: For applicants or applicant's parent company/owner that currently own the building/land for the project location, attach a copy of the tide/deed. For applicants or applicant's parent company/owner that currently lease the building/land for the project location, attach a copy of the fully executed lease agreement. For projects where the location of the project has not been secured, attach a fully executed document including Option to Purchase Agreement, Option to Lease Agreement, or other appropriate documentation. Option to Purchase Agreements must include anticipated purchase price. Lease/Option to Lease Agreements must include the actual/anticipated term of the agreement and actual/anticipated lease expense. The legal interests described herein must be valid on the date of the Agency's consideration of the certificate of need application.

Response: The Applicant will lease office space at 102 N. Poplar Street, Linden (Perry County), Tennessee 37096. This space is a store-front property located across the street from the courthouse in downtown Linden. The initial lease period is from April 1, 2014 through October 1, 2014, which should take the applicant through the CON application period. The lease, if not terminated, will automatically renew itself on a month-to-month basis. The Applicant has site control of the leased premises, and the Applicant's legal interests are valid at time of application filing and will continue to be valid on the date of the Agency's consideration of the application. Of course, the Landlord and Tenant have the option of extending the lease upon approval of the CON application.

The amount of the lease is $400 per month. The landlord advises that the FMV of the space equals approximately $33.26 per GSF. The total GSF being leased is 902 GSF, resulting in a FMV of approximately $30,000, which amount is included in the Project Costs Chart.

5. Name of Management/Operating Entity (If Applicable)

Name

Street or Route | County

City | State | Zip Code

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS. Not applicable.

6. Legal Interest in the Site of the Institution (Check One)

A.	Ownership		D.	Option to Lease	
B.	Option to Purchase		E.	Other (Specify)	
C.	Lease of 0.5 Years	X			

PUT ALL ATTACHMENTS AT THE BACK OF THE APPLICATION IN ORDER AND REFERENCE THE APPLICABLE ITEM NUMBER ON ALL ATTACHMENTS. See *Attachment A.6.*

7. Type of Institution (Check as appropriate--more than one response may apply.)

A.	Hospital		I.	Nursing Home	
B.	Ambulatory Surgical Treatment Center (Multi-Specialty)		J.	Outpatient Diagnostic Center	
			K.	Recuperation Center	
C.	ASTC		L.	Rehabilitation Facility	
D.	Home Health Agency		M.	Residential Hospice	
E.	Hospice	X	N.	Non-Residential Methadone Facility	
F.	Mental Health Hospital				
G.	Mental Health Residential Treatment Facility		O.	Birthing Center	
			P.	Other Outpatient Facility (Specify)	
H.	Mental Retardation Institutional Habilitation Facility (ICF/MR)		Q.	Other (Specify)	

8. Purpose of Review (Check as appropriate--more than one response may apply.)

A.	New Institution	X	H.	Change In Bed Complement (Please note the type of change by underlining the appropriate response: Increase, Decrease Designation, Distribution, Conversion, Relocation)	
B.	Replacement/Existing Facility				
C.	Modification/Existing Facility				
D.	Initiation of Health Care Service as defined in TCA §68-11-1607(4)				
E.	Specify Hospice	X			
			I.	Change of Location	
F.	Discontinuance of OB Services		J.	Other (Specify)	
G.	Acquisition of Equipment				

9. Bed Complement Data 23

Please indicate current and proposed distribution and certification of facility beds.

Response: Not applicable.

	Current Beds Licensed	Current Beds CON*	Staffed Beds	Beds Proposed	TOTAL Beds at Completion
A. Medical					
B. Surgical					
C. Long-Term Care Hospital					
D Obstetrical					
E. ICU/CCU					
F. Neonatal					
G. Pediatric					
H. Adult Psychiatric					
I. Geriatric Psychiatric					
J. Child/Adolescent Psychiatric					
K. Rehabilitation					
L. Nursing Facility (non-Medicaid Certified)					
M. Nursing Facility Level 1 (Medicaid only)					
N. Nursing Facility Level 2 (Medicare only)					
O. Nursing Facility Level 2 (dually-certified)					
P. ICF/MR					
Q. Adult Chemical Dependency					
R. Child & Adolescent Chemical Dependency					
S. Swing Beds					
T. Mental Health Residential Treatment					
U. Residential Hospice					
TOTAL					

*CON Beds approved but not yet in service

10.	**Medicare Provider Number**	will be applied for
	Certification Type	Hospice
11.	**Medicaid Provider Number**	will be applied for
	Certification Type	Hospice

12. **If this is a new facility, will certification be sought for Medicare and/or Medicaid?**

Response: Certification will be sought for Medicare and TennCare. We anticipate that our patient payor breakdown will be as follows:

70% Medicare
23% Medicaid
7% Private Pay.

13. ***Identify all TennCare Managed Care Organizations/Behavioral Health Organizations (MCOs/BHOs) operating in the proposed service area.*** **Will this project involve the treatment of TennCare participants? Yes If the response to this item is yes, please identify all MCOs/BHOs with which the applicant has contracted *or plans to contract. Discuss any out-of-network relationships in place with MCOs/BHOs in the area.***

Response: We will seek contracts with Americhoice, Amerigroup, BlueCare and TennCare Select for our Medicaid/TennCare patients. Further, the Applicant will contract with any new MCOs that provide services in the area. Please see *Attachment A.13* for a map of MCOs in Tennessee, by county.

NOTE: *Section B is intended to give the applicant an opportunity to describe the project and to discuss the need that the applicant sees for the project. Section C addresses how the project relates to the Certificate of Need criteria of Need, Economic Feasibility, and the Contribution to the Orderly Development of Health Care. Discussions on how the application relates to the criteria should not take place in this section unless otherwise specified.*

SECTION B: PROJECT DESCRIPTION

Please answer all questions on 8 1/2" x 11" white paper, clearly typed and spaced, identified correctly and in the correct sequence. In answering, please type the question and the response. All exhibits and tables must be attached to the end of the application in correct sequence identifying the questions(s) to which they refer. If a particular question does not apply to your project, indicate "Not Applicable (NA)" after that question.

I. Provide a brief executive summary of the project not to exceed two pages. Topics to be included in the executive summary are a brief description of proposed services and equipment, ownership structure, service area, need, existing resources, project cost, funding, financial feasibility and staffing.

Response: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $92,250.00.

The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services.

The Applicant anticipates having 45 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area, and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Documentation is provided that shows: (1) the projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this documentation is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for

more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area. Therefore, all 12 counties constitute our proposed service area.

The anticipated cost to implement this project ($92,500) is quite low, and the anticipated revenue and expense projections are reasonable, based on current hospice reimbursement figures. The Applicant anticipates the following approximations in Year 1: gross income of $11,935 per patient, average deductibles of $955 per patient, and average net of $10,980 per patient. Anticipating an average length of stay of 71 days (national average), the resulting comparable approximate per diem numbers are $168, $13, and $155, respectively. The current Medicare hospice rate for routine in-home care is $156.26 per day.

Staffing costs are reasonable and within area standards. Further, adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

II. Provide a detailed narrative of the project by addressing the following items as they relate to the proposal.

A. **Describe the construction, modification and/or renovation of the facility (exclusive of major medical equipment covered by T.C.A. § 68-11-1601 et seq.) including square footage, major operational areas, room configuration, etc. Applicants with hospital projects (construction cost in excess of $5 million) and other facility projects (construction cost in excess of $2 million) should complete the Square Footage and Cost per Square Footage Chart. Utilizing the attached Chart, applicants with hospital projects should complete Parts A.-E. by identifying as applicable nursing units, ancillary areas, and support areas affected by this project. Provide the location of the unit/service within the existing facility along with current square footage, where, if any, the unit/service will relocate temporarily during construction and renovation, and then the location of the unit/service with proposed square footage. The total cost per square foot should provide a breakout between new construction and renovation cost per square foot. Other facility projects need only complete Parts B.-E. Please also discuss and justify the cost per square foot for this project.**

If the project involves none of the above, describe the development of the proposal.

Response: There is no construction. The development of the proposal is as follows:

The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $92,250.00.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. *Attachment B.II.C.2* is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 48 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Please see *Attachment B.II.C.4*, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See *Attachment B.II.C.4.a*). Therefore, all 12 counties constitute our proposed service area.

The anticipated cost to implement this project ($92,500) is quite low, and the anticipated revenue and expense projections are reasonable, based on current hospice reimbursement figures. The Applicant anticipates the following approximations in Year 1: gross income of $11,935 per patient, average deductibles of $955 per patient, and average net of $10,980 per patient. Anticipating an average length of stay of 71 days (national average), the resulting comparable approximate per diem numbers are $168, $13, and $155, respectively. The current Medicare hospice rate for routine in-home care is $156.26 per day.

As reported in the 2010 Edition of "Hospice Care in America, by the National Hospice and Palliative Care Organization (NHPCO), included with this application as *Attachment B.II.C.5*:

> "Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of $2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period of time."

Therefore, this project is economically feasible.

Further, the same report cited above (*Attachment B.II.C.5*) states:

> "Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.
>
> "In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that 'with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival.'"

That same New England Journal of Medicine article stated that:

> "...getting early palliative care — in addition to regular medical treatment — helped people with lung cancer live three months longer, compared with those given standard care. In comparison, chemotherapy can give newly diagnosed lung cancer patients an extra two to three months of life," says study co-author Thomas Lynch, director of the Yale Cancer Center. "If this was a drug, this would be on the front page of every paper in the country, talking about 'New advance in lung cancer,' " Lynch says. But palliative care patients didn't just live longer. They also lived better, with less depression and a higher quality of life," he says.

The only conclusion that can be reached by this article is that more awareness and more hospice providers with full time palliative physicians are needed.

Staffing costs are reasonable and within area standards. Further, adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

Hospice care is primarily a residential service, as indicated by the following national data chart:

Location of Death	2009	2008
Patient's Place of Residence	68.6%	68.8%
Private Residence	40.1%	40.7%
Nursing Home	18.9%	22.0%
Residential Facility	9.6%	6.1%
Hospice Inpatient Facility	21.2%	21.0%
Acute Care Hospital	10.1%	10.1%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

An older population is statistically more likely to need hospice care than a younger population. According to NHPCO (*Attachment B.II.C.5*, page 6), "In 2009, 83.0% of hospice patients were 65 years of age or older – and more than one-third of all hospice patients were 85 years of age or older."

In fact, hospice care is primarily a Medicare-reimbursed service as evidenced by the following chart:

Payer	2009	2008
Medicare Hospice Benefit	89.0%	88.8%
Managed Care or Private Ins.	4.8%	5.0%
Medicaid Hospice Benefit	4.3%	4.3%
Uncompensated or Charity Care	.9%	.9%
Self Pay	.4%	.4%
Other Payment Source	.6%	.6%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

Further, a 2011 publication by the Brookings Institute indicates that the over age 45 population grew 18 times as fast as the under age 45 population between 2000 and 2010, and that the fastest age 65 growth in the nation is in the Sun Belt (See *Attachment B.II.C.5.a*).

The current Medicare reimbursement figures are included in *Attachment B.II.C.6*, and the Applicant anticipates approximately $156.26 per diem for Medicare patients. Further, we anticipate an average length of stay (ALOS) of 71 days, in keeping with national averages (see *Attachment B.II.C.7*).

Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each, to 1 agency see patients in 11 of the 12 counties, according to the Joint Annual Reports (see *Attachment B.II.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	Applicant	Type	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of $92,250.00, excluding the minimum $3,000.00 filing fee. Of that amount, $30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at $50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually $12,500, which will be used for minimal office equipment.

There are no construction or renovation costs with this application. The Applicant will lease a storefront property in downtown Linden, Tennessee.

Therefore, this project is economically feasible.

The approval of this project will only result in positive outcomes. Since existing hospice agencies are not expanding into the areas with documented need for hospice care, this project will have a positive effect on the health care system.

There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	**Year 1**
Administrator	1.0
RNs	2.0
CNA	4.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	$22
CNA	$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

B. Identify the number and type of beds increased, decreased, converted, relocated, designated, and/or redistributed by this application. Describe the reasons for change in bed allocations and describe the impact the bed change will have on the existing services.

Response: Not applicable, as there are no beds involved with this project.

C. As the applicant, describe your need to provide the following health care services (if applicable to this application):

1. Adult Psychiatric Services
2. Alcohol and Drug Treatment for Adolescents (exceeding 28 days)
3. Birthing Center
4. Burn Units
5. Cardiac Catheterization Services
6. Child and Adolescent Psychiatric Services
7. Extracorporeal Lithotripsy
8. Home Health Services
9. Hospice Services
10. Residential Hospice
11. ICF/MR Services
12. Long-term Care Services
13. Magnetic Resonance Imaging (MRI)
14. Mental Health Residential Treatment
15. Neonatal Intensive Care Unit
16. Non-Residential Methadone Treatment Centers
17. Open Heart Surgery
18. Positron Emission Tomography
19. Radiation Therapy/Linear Accelerator
20 Rehabilitation Services
21. Swing Beds

Response: Hospice Services: The Applicant, Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $92,250.00.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. *Attachment B.II.C.2* is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 48 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to

see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

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The anticipated cost to implement this project ($92,500) is quite low, and the anticipated revenue and expense projections are reasonable, based on current hospice reimbursement figures. The Applicant anticipates the following approximations in Year 1: gross income of $11,935 per patient, average deductibles of $955 per patient, and average net of $10,980 per patient. Anticipating an average length of stay of 71 days (national average), the resulting comparable approximate per diem numbers are $168, $13, and $155, respectively. The current Medicare hospice rate for routine in-home care is $156.26 per day.

Staffing costs are reasonable and within area standards. Further, adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

As reported in the 2010 Edition of "Hospice Care in America, by the National Hospice and Palliative Care Organization (NHPCO), included with this application as *Attachment B.II.C.5*:

> "Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of $2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period of time."

Therefore, this project is economically feasible.

Further, the same report cited above (*Attachment B.II.C.5*) states:

> "Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.
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> "In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative

> treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that 'with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival.'"

That same New England Journal of Medicine article stated that:

> "...getting early palliative care — in addition to regular medical treatment — helped people with lung cancer live three months longer, compared with those given standard care. In comparison, chemotherapy can give newly diagnosed lung cancer patients an extra two to three months of life," says study co-author Thomas Lynch, director of the Yale Cancer Center. "If this was a drug, this would be on the front page of every paper in the country, talking about 'New advance in lung cancer,' " Lynch says. But palliative care patients didn't just live longer. They also lived better, with less depression and a higher quality of life," he says.

The only conclusion that can be reached by this article is that more awareness and more hospice providers with full time palliative physicians are needed.

Adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

Hospice care is primarily a residential service, as indicated by the following national data chart:

Location of Death	2009	2008
Patient's Place of Residence	68.6%	68.8%
Private Residence	40.1%	40.7%
Nursing Home	18.9%	22.0%
Residential Facility	9.6%	6.1%
Hospice Inpatient Facility	21.2%	21.0%
Acute Care Hospital	10.1%	10.1%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

An older population is statistically more likely to need hospice care than a younger population. According to NHPCO (*Attachment B.II.C.5*, page 6), "In 2009, 83.0% of hospice patients were 65 years of age or older – and more than one-third of all hospice patients were 85 years of age or older."

In fact, hospice care is primarily a Medicare-reimbursed service as evidenced by the following chart:

Payer	2009	2008
Medicare Hospice Benefit	89.0%	88.8%
Managed Care or Private Ins.	4.8%	5.0%
Medicaid Hospice Benefit	4.3%	4.3%
Uncompensated or Charity Care	.9%	.9%
Self Pay	.4%	.4%
Other Payment Source	.6%	.6%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

Further, a 2011 publication by the Brookings Institute indicates that the over age 45 population grew 3 times as fast as the under age 45 population between 2000 and 2010, and that the fastest age 65+ growth in the nation is in the Sun Belt (See *Attachment B.II.C.5.a*).

The current Medicare reimbursement figures are included in *Attachment B.II.C.6*, and the Applicant anticipates approximately $156.26 per diem for Medicare patients. Further, we anticipate an average length of stay (ALOS) of 71 days, in keeping with national averages (see *Attachment B.II.C.7*).

Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each, to 1 agency see patients in 11 of the 12 counties, according to the Joint Annual Reports (see *Attachment B.II.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	Applicant	Type	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of $92,250.00, excluding the minimum $3,000.00 filing fee. Of that amount, $30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at $50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually $12,500, which will be used for minimal office equipment.

There are no construction or renovation costs with this application. The Applicant will lease a storefront property in downtown Linden, Tennessee.

Therefore, this project is economically feasible.

The approval of this project will only result in positive outcomes. Since existing hospice agencies are not expanding into the areas with documented need for hospice care, this project will have a positive effect on the health care system.

There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	**Year 1**
Administrator	1.0
RNs	2.0
CNA	4.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	$22
CNA	$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3*.

D. **Describe the need to change location or replace an existing facility.**

Response: Not applicable.

E. **Describe the acquisition of any item of major medical equipment (as defined by the Agency Rules and the Statute) which exceeds a cost of $1.5 million; and/or is a magnetic resonance imaging (MRI) scanner, positron emission tomography (PET) scanner, extracorporeal lithotripter and/or linear accelerator by responding to the following:**

1. **For fixed-site major medical equipment (not replacing existing equipment):**

   a. **Describe the new equipment, including:**

      1. **Total cost; (As defined by Agency Rule).**
      2. **Expected useful life;**
      3. **List of clinical applications to be provided; and**
      4. **Documentation of FDA approval.**

   b. **Provide current and proposed schedules of operations.**

Response: Not applicable.

2. **For mobile major medical equipment:**
   a. **List all sites that will be served;**
   b. **Provide current and/or proposed schedule of operations;**
   c. **Provide the lease or contract cost.**
   d. **Provide the fair market value of the equipment; and**
   e. **List the owner for the equipment.**

Response: Not applicable.

3. **Indicate applicant's legal interest in equipment (*i.e.*, purchase, lease, etc.) In the case of equipment purchase include a quote and/or proposal from an equipment vendor, or in the case of an equipment lease provide a draft lease or contract that at least includes the term of the lease and the anticipated lease payments.**

Response: Not applicable.

III. (A) Attach a copy of the plot plan of the site on an 8 1/2" x 11" sheet of white paper which must include:

1. Size of site (*in acres*)
2. Location of structure on the site; and
3. Location of the proposed construction.
4. Names of streets, roads or highway that cross or border the site.

Please note that the drawings do not need to be drawn to scale. Plot plans are required for all projects.

Response:

1. The space being leased is a zero lot line storefront property in downtown Linden. The size of the leased space is approximately 902 GSF, which results in approximately 0.02 acres. Please see attached plot plan (*Attachment B.III*).

2. Please see *Attachment B.III.* This attachment indicates the location of the existing office building on the site.

3. There is no proposed construction, as the space already exists.

4. The storefront property is located across the street from the Perry County Courthouse in Linden, Tennessee between E. School Street and E. Main Street (which is shown as Highway 100 on the attachment). E. Main Street is the main thoroughfare of Linden. See *Attachment B.III.*

(B) **Describe the relationship of the site to public transportation routes, if any, and to any highway or major road developments in the area. Describe the accessibility of the proposed site to patients/clients.**

Response: The storefront property is located across the street from the Perry County Courthouse in Linden, Tennessee, between E. School Street and E. Main Street (which is shown as Highway 100 on the attachment). E. Main Street is the main thoroughfare of Linden. See *Attachment B.III.* Patients will not be coming to the office of the Applicant, but the office is, nevertheless, quite accessible.

In addition, please note various miles and drive times from Hospice Alpha, Inc. office (102 N. Poplar Street, Linden) to the county seat of the twelve counties of the proposed service area (Note: all entries based on MapQuest data, and "Driving Time to Office" is listed in estimated hours/minutes):

Location	Miles to office	Driving Time to Office
Camden	47.9	0/56
Henderson	52.5	1/05
Decaturville	20.6	0/24
Savannah	43.3	1/05
Lexington	33.2	0/40
Centerville	28.8	0/39
Waverly	37.7	0/45
Lawrenceburg	56.2	1/09
Hohenwald	19.0	0/24
Selmer	68.4	1/20
Linden	0	0
Waynesboro	29.1	0/41

The administrative offices of the hospice will be in Perry County, but not all staff will be based out of Perry County. Hospice staff, much like home health staff, will be based closer to where the patients originate. For example, for Lawrence County patients referred to the Applicant, nursing staff in or close to Lawrence County would be hired to provide services to those respective patients. The location of the administrative office should have little impact on staff driving times to patients who are located in the surrounding service area.

Finally, according to Debbie Thrasher at Health Care Facilities' East TN Regional office, anything less than 100 miles is regarded as sufficiently close. Since all county seats of the counties in our proposed service area are well within 100 miles, no branch offices are anticipated at the present time.

IV. Attach a floor plan drawing for the facility which includes legible labeling of patient care rooms (noting private or semi-private), ancillary areas, equipment areas, etc. on an 8 1/2" x 11" sheet of white paper.

NOTE: *DO NOT SUBMIT BLUEPRINTS*. Simple line drawings should be submitted and need not be drawn to scale.

Response: Please see *Attachment B.IV.* for a footprint of the office space to be leased for the hospice agency. The roughly 44' by 20.5' space fronts on N. Poplar where the "display windows" are shown.

V. For a Home Health Agency or Hospice, identify:

1. **Existing service area by County;**
2. **Proposed service area by County;**
3. **A parent or primary service provider;**
4. **Existing branches; and**
5. **Proposed branches.**

Response: There is no existing service area for this proposed hospice.

The proposed service area includes Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

The Applicant is Hospice Alpha, Inc., which will be the primary service provider.

There are no existing branches.

There are no proposed branches.

SECTION C: GENERAL CRITERIA FOR CERTIFICATE OF NEED

In accordance with Tennessee Code Annotated § 68-11-1609(b), "no Certificate of Need shall be granted unless the action proposed in the application for such Certificate is necessary to provide needed health care in the area to be served, can be economically accomplished and maintained, and will contribute to the orderly development of health care." The three (3) criteria are further defined in Agency Rule 0720-4-.01. Further standards for guidance are provided in the state health plan (Guidelines for Growth), developed pursuant to Tennessee Code Annotated §68-11-1625.

The following questions are listed according to the three (3) criteria: (I) Need, (II) Economic Feasibility, and (III) Contribution to the Orderly Development of Health Care. Please respond to each question and provide underlying assumptions, data sources, and methodologies when appropriate. *Please type each question and its response on an 8 1/2" x 11" white paper*. All exhibits and tables must be attached to the end of the application in correct sequence identifying the question(s) to which they refer. If a question does not apply to your project, indicate "Not Applicable (NA)."

QUESTIONS

NEED

1. **Describe the relationship of this proposal toward the implementation of the State Health Plan and Tennessee's Health: Guidelines for Growth.**

   a. **Please provide a response to each criterion and standard in Certificate of Need Categories that are applicable to the proposed project. Do not provide responses to General Criteria and Standards (pages 6-9) here.**

Response: Please see *Attachment Specific Criteria.*

Further, the State Health Plan lists the following Five Principles for Achieving Better Health, and are based on the Division's enacting legislation:

1. The purpose of the State Health Plan is to improve the health of Tennesseans;
2. Every citizen should have reasonable access to health care;
3. The state's health care resources should be developed to address the needs of Tennesseans while encouraging competitive markets, economic efficiencies, and the continued development of the state's health care system;
4. Every citizen should have confidence that the quality of health care is continually monitored and standards are adhered to by health care providers; and
5. The state should support the development, recruitment, and retention of a sufficient and quality health care workforce.

Responses to these five Principles are as follows:

1. Obviously, not all disease can be cured, and everyone does face death. The "health" issue in this Principal becomes: how do we choose to face death. Hospice is designed to provide palliative care to patients with terminal illnesses who are approaching the end stages of their lives. Clinicians,

patients and policymakers have all extolled the quality of care and resultant improvement of health for hospice patients. Therefore, the provision of hospice care improves the health of Tennesseans.

2. Medicare is a primary payer of hospice services. However, the Medicare benefit only began in 1983. Since that time, use of the hospice benefit has grown rapidly as more emphasis is placed on quality of life issues for those facing the end of life. Perhaps somewhat due to population densities and societal differences between urban and rural areas of our nation, hospice care initially grew in metropolitan areas. Today, hospice is still more prevalent in urban areas than in rural areas. Most of the service area proposed by the Applicant could be classified as more rural than urban, thereby increasing the access to hospice care for Tennesseans.

3. Obviously, Certificate of Need ("CON") issues greatly impact the development of health care services and resources in Tennessee. Just as obvious, many institutional services, including hospice care, require the approval of a CON prior to implementing the service. It is important to regulate those who wish to enter the business of providing health to our citizens. CON is one regulatory process in that regard, and the issues raised and discussed during the process are necessary. One unfortunate aspect of CON review, however, is that once a provider is approved to implement a service at a specific location or in a specific area, there are no negative sanctions available to the certifying agency if that provider, in fact, does not provide the approved care. Therefore, a provider can be approved to provide hospice care in a given county, but is under no obligation, either initial or continuing, to actually provide hospice care in the county. Resultantly, the traditional "development" of hospice services is such that several providers can be approved to provide service, but do not. In this particular instance, the Applicant is requesting approval for 12 counties, there are 15 existing hospice providers in those 12 counties, but 4 of those providers saw patients in only 1 county in 2013, another provider saw patients in only 2 counties, etc. Obviously, some providers are attempting to provide hospice care, while others are not. The Applicant is committed to actually providing hospice services to the citizens of the requested 12 county service area. Therefore, the approval of this application will enhance the "development" of hospice services in the proposed service area.

4. Tennessee is fortunate to have an excellent licensing division of the Department of Health. The Board of Licensing Health Care Facilities provides standards for and monitoring of licensed health care providers. The Applicant is familiar with licensing procedures, and is committed to upholding standards as set forth by the Department. Therefore, the approval of this application will enhance citizens' confidence in the health care system.

5. The Applicant is committed to implementing the training of nursing personnel and related allied health care workers. Therefore, the approval of this Application will support the development, recruitment, and retention of a sufficient and quality health care workforce.

b. Applications that include a Change of Site for a health care institution, provide a response to General Criterion and Standards (4)(a-c).

Response: Not applicable.

2. **Describe the relationship of this project to the applicant facility's long-range development plans, if any.**

Response: There are no current long-range development plans of the Applicant, other than the implementation of this project.

3. **Identify the proposed service area and justify the reasonableness of that proposed area. Submit a county level map including the State of Tennessee clearly marked to reflect the service area. Please submit the map on 8 1/2" x 11" sheet of white paper marked only with ink detectable by a standard photocopier (i.e., no highlighters, pencils, etc.).**

Response: Our proposed service area includes Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Please see *Attachment C.Need.3* for a map of the service area.

4. A. **Describe the demographics of the population to be served by this proposal.**

Response: Our proposed service area includes Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. Population data for Tennessee and the service area is shown on *Attachment B.II.C.1.* More specific demographic data is supplied as *Attachment C.Need.4.A* (some of this data is from the U.S. Census Bureau, and other is from QuickFacts, supplied by the State of Tennessee).

B. Describe the special needs of the service area population, including health disparities, the accessibility to consumers, particularly the elderly, women, racial and ethnic minorities, and low-income groups. Document how the business plans of the facility will take into consideration the special needs of the service area population.

Response: All or part of each of these 12 counties are medically-underserved areas, as follows:

Benton	All of the County
Chester	All of the County
Decatur	All of the County
Hardin	All of the County
Henderson	All of the County
Hickman	All of the County
Humphreys	Part of the County
Lawrence	All of the County
Lewis	All of the County
McNairy	All of the County
Perry	All of the County
Wayne	All of the County

See *Attachment B.II.C.4.a* for the medically underserved areas in our proposed service area.

5. Describe the existing or certified services, including approved but unimplemented CONs, of similar institutions in the service area. Include utilization and/or occupancy trends for each of the most recent three years of data available for this type of project. Be certain to list each institution and its utilization and/or occupancy individually. Inpatient bed projects must include the following data: admissions or discharges, patient days, and occupancy. Other projects should use the most appropriate measures, e.g., cases, procedures, visits, admissions, etc.

Response: Current utilization of existing hospice agencies in the proposed service area is inconsistent, from 4 agencies see patients in only 1 county each to 1 agency see patients in 11 of the 12 counties, according to the 2013 Joint Annual Reports (see *Attachment B.II.C.3*). While there are 15 hospice agencies licensed to provide care in portions of our proposed service are, none saw patients in all counties, and only 10 agencies saw patients in at least 5 of the counties in our proposed service area. Of the 15 hospice agencies, 4 agencies saw patients in only 1 county.

Attachment B.II.C.1 shows both total and age 65+ population data for the proposed service area. The Applicant will provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker services and therapy services. *Attachment B.II.C.2* is a two page overview prepared by CMS showing the typical types of hospice care.

The Applicant conservatively anticipates having 48 and 85 patients in Years 1 & 2, respectively. Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

Please see *Attachment B.II.C.4*, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small, when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See *Attachment B.II.C.4.a*). Therefore, all 12 counties constitute our proposed service area.

As reported in the 2010 Edition of "Hospice Care in America, by the National Hospice and Palliative Care Organization (NHPCO), included with this application as *Attachment B.II.C.5*:

> "Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of $2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period of time."

Further, the same report cited above (*Attachment B.II.C.5*) states:

> "Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.
>
> "In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that 'with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival.'"

That same New England Journal of Medicine article stated that:

> "...getting early palliative care — in addition to regular medical treatment — helped people with lung cancer live three months longer, compared with those given standard care. In comparison, chemotherapy can give newly diagnosed lung cancer patients an extra two to three months of life," says study co-author Thomas Lynch, director of the Yale Cancer Center. "If this was a drug, this would be on the front page of every paper in the country, talking about 'New advance in lung cancer,' " Lynch says. But palliative care patients didn't just live longer. They also lived better, with less depression and a higher quality of life," he says.

The only conclusion that can be reached by this article is that more awareness and more hospice providers with full time palliative physicians are needed.

Adequate staffing is available, and due to the total need in these counties, there should be no negative impact on existing hospice agencies.

Hospice care is primarily a residential service, as indicated by the following national data chart:

Location of Death	2009	2008
Patient's Place of Residence	68.6%	68.8%
Private Residence	40.1%	40.7%
Nursing Home	18.9%	22.0%
Residential Facility	9.6%	6.1%
Hospice Inpatient Facility	21.2%	21.0%
Acute Care Hospital	10.1%	10.1%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

An older population is statistically more likely to need hospice care than a younger population. According to NHPCO (*Attachment B.II.C.5*, page 6), "In 2009, 83.0% of hospice patients were 65 years of age or older – and more than one-third of all hospice patients were 85 years of age or older."

In fact, hospice care is primarily a Medicare-reimbursed service as evidenced by the following chart:

Payer	2009	2008
Medicare Hospice Benefit	89.0%	88.8%
Managed Care or Private Ins.	4.8%	5.0%
Medicaid Hospice Benefit	4.3%	4.3%
Uncompensated or Charity Care	.9%	.9%
Self Pay	.4%	.4%
Other Payment Source	.6%	.6%

Source: National Hospice and Palliative Care Organization, Hospice Care in America, 2010 Edition

Further, a 2011 publication by the Brookings Institute indicates that the over age 45 population grew 18 times as fast as the under age 45 population between 2000 and 2010, and that the fastest age 65+ growth in the nation is in the Sun Belt (See *Attachment B.II.C.5.a*).

It is very important to understand the statistical parameters involved with this project. In 2013, 5,072 hospice patients were seen in the 12 county service area. The Applicant anticipates seeing only 46 patients during the first year of operation, which represents a 5.1% actual increase in hospice patients seen in the area. Obviously, the approval of this project will have less of an effect – practically none at all – on the utilization of existing hospices than their own inability to provide hospice care.

Also, please note the following tables, which should indicate the level of commitment that existing hospice providers have in the 12 county service area.

Agency	# of Service Area Counties Served in 2013
Aseracare Hospice-McKenzie	7 of 12 Counties
Baptist Memorial HC &Hospice	2
The Highland Rim	3
Avalon Hospice	8
Caris Healthcare	7
Caris Healthcare	4
Henry Co. Medical Cntr Hospice	1
Hospice of West Tennessee	5
Tennessee Quality Hospice	11
Legacy Hospice of the South	3
Magnolia Regional HCH	2
Unity Hospice Care of TN, LLC	8
Volunteer Hospice	3
Guardian Hospice	1
Willowbrook Hospice, Inc	1

County	# of Agencies that Served county in 2013
Benton	6 of 15 Counties
Chester	6
Decatur	5
Hardin	8
Henderson	6
Hickman	5
Humphrey	6
Lawrence	6
Lewis	4
McNairy	7
Perry	3
Wayne	4

6. **Provide applicable utilization and/or occupancy statistics for your institution for each of the past three (3) years and the projected annual utilization for each of the two (2) years following completion of the project. Additionally, provide the details regarding the methodology used to project utilization. The methodology must include detailed calculations or documentation from referral sources, and identification of all assumptions.**

Response: There is no historic utilization, as this application is for a new hospice agency. Anticipated utilization is based on the existing need for hospice care in the area, coupled with an estimate of increased market penetration based on consumer education about hospice care.

Joint Annual Reports ("JARs") for 2013 indicate there are fifteen (15) existing agencies licensed to provide non-residential hospice services to patients in portions of our proposed service area (*Attachment B.II.C.3*), and they provided hospice services to a total of 1,172 patients in 2013. Comparable figures for 2010 through 2012 are 716, 984, and 1,069 patients, respectively. The Hospice Rates and Projected Need chart prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, indicates a need for 75 additional patients in Chester, Decatur, Hardin, Humphreys, Lewis and Perry Counties. The same chart shows that 53 more hospice patients than anticipated by the formula are being seen in Henderson, Hickman, Lawrence, McNairy and Wayne Counties. As a result, there is a need to see at least 22 more patients in the total service area. The Applicant believes that the hospice penetration rate should be higher with increased education of the general public.

In order to be referred to hospice care, each patient must be certified by his/her attending physician to have a condition that will most likely result in death within 6 months (120 days) of the diagnosis. Nationally, the ALOS for hospice patients was 71 days in 2009 (*Attachment B.II.C.7*).

The Applicant anticipates seeing 48 and 85 patients per year in Years 1 and 2, respectively.

1. **Provide the cost of the project by completing the Project Costs Chart on the following page. Justify the cost of the project.**

-- **All projects should have a project cost of at least $3,000 on Line F. (Minimum CON Filing Fee). CON filing fee should be calculated from Line D. (See Application Instructions for Filing Fee)**

-- **The cost of any lease should be based on fair market value or the total amount of the lease payments over the initial term of the lease, whichever is greater.**

-- **The cost for fixed and moveable equipment includes, but is not necessarily limited to, maintenance agreements covering the expected useful life of the equipment; federal, state, and local taxes and other government assessments; and installation charges, excluding capital expenditures for physical plant renovation or in-wall shielding, which should be included under construction costs or incorporated in a facility lease.**

-- **For projects that include new construction, modification, and/or renovation; documentation must be provided from a contractor and/or architect that support the estimated construction costs.**

Response: The Project Costs Chart is completed. There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	Applicant	Type	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of $92,250.00, excluding the minimum $3,000.00 filing fee. Of that amount, $30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at $50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually $12,500, which will be used for minimal office equipment.

PROJECT COSTS CHART

A.	Construction and equipment acquired by purchase.	
1.	Architectural and Engineering Fees	
2.	Legal, Administrative (Excluding CON Filing Fee), Consultant	50,000
3.	Acquisition of Site	
4.	Preparation of Site	
5.	Construction Costs	
6.	Contingency Fund	
7.	Fixed Equipment (Not included in Construction Contract)	12,500
8.	Moveable Equipment (List all equipment over $50,000)*	
9.	Other (Specify)	
	Subsection A Total	**62,500**
B.	Acquisition by gift, donation, or lease.	
1.	Facility (Inclusive of Building and Land) (FMV)	30,000
2.	Building Only	
3.	Land Only	
4.	Equipment (Specify)	
5.	Other (Specify)	
	Subsection B Total	**30,000**
C.	Financing costs and fees	
1.	Interim Financing	
2.	Underwriting Costs	
3.	Reserve for One Year's Debt Service	
4.	Other (Specify)	
	Subsection C Total	**0**
D.	Estimated Project Cost (A + B + C)	**$ 92,500.00**
E.	CON Filing Fee	**$ 3,000.00**
F.	Total Estimated Project Cost (D + E) TOTAL	**$ 95,500.00**

2. Identify the funding sources for this project. 53

a. Please check the applicable item(s) below and briefly summarize how the project will be financed. *(Documentation for the type of funding MUST be inserted at the end of the application, in the correct alpha/numeric order and identified as Attachment C, Economic Feasibility-2.)*

___ A. **Commercial loan--Letter from lending institution or guarantor stating favorable initial contact, proposed loan amount, expected interest rates, anticipated term of the loan, and any restrictions or conditions;**

___ B. **Tax-exempt bonds--Copy of preliminary resolution or a letter from the issuing authority stating favorable initial contact and a conditional agreement from an underwriter or investment banker to proceed with the issuance;**

___ C. **General obligation bonds—Copy of resolution from issuing authority or minutes from the appropriate meeting.**

___ D. **Grants--Notification of intent form for grant application or notice of grant award; or**

_X_ E. **Cash Reserves--Appropriate documentation from Chief Financial Officer.**

___ F. **Other—Identify and document funding from all other sources.**

Response: This project will be financed by the Owner of the Applicant. A copy of the Applicant's bank account, committed to this project, shows that sufficient funds are available for implementation of this project (see *Attachment C.EF.2*).

3. **Discuss and document the reasonableness of the proposed project costs. If applicable, compare the cost per square foot of construction to similar projects recently approved by the Health Services and Development Agency.**

Response: The Project Costs Chart is completed. There have been few non-residential hospice applications approved in recent years, a sample as indicated on the chart below:

CON	Applicant	Type	Cost	# Counties
CN0812-121A	Hancock Co. HHA	Add Hospice Care	$3,000	4
CN0902-005A	A Touch of Grace	New Hospice Agency	$168,900	1
CN1111-044A	All Care Hospice	New Hospice Agency	$60,000	7
CN1203-015	Hearth, LLC	New Hospice Agency	$375,000	9

This application is to provide hospice services to 12 counties, with a Project Cost of $92,250.00, excluding the minimum $3,000.00 filing fee. Of that amount, $30,000.00 is the FMV of the leased space, which is an operational cost. Legal, Consulting, Administrative costs were estimated at $50,000, all of which have been paid. Therefore, the actual cost to start up this project is actually $12,500, which will be used for minimal office equipment.

The Applicant anticipates charging approximately $163.49 per day. The existing Medicare per diem rate is approximately $156.26.

As reported in the 2010 Edition of "Hospice Care in America, by the National Hospice and Palliative Care Organization (NHPCO), included with this application as *Attachment B.II.C.5*:

> "Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families. Researchers at Duke University found that hospice reduced Medicare costs by an average of $2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period of time."

Further, the same report cited above (*Attachment B.II.C.5*) states:

> "Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients. In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care.
>
> "In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that 'with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival.'"

That same New England Journal of Medicine article stated that:

"...getting early palliative care — in addition to regular medical treatment — helped people with lung cancer live three months longer, compared with those given standard care. In comparison, chemotherapy can give newly diagnosed lung cancer patients an extra two to three months of life," says study co-author Thomas Lynch, director of the Yale Cancer Center. "If this was a drug, this would be on the front page of every paper in the country, talking about 'New advance in lung cancer,' " Lynch says. But palliative care patients didn't just live longer. They also lived better, with less depression and a higher quality of life," he says.

The only conclusion that can be reached by this article is that more awareness and more hospice providers with full time palliative physicians are needed, and at present, only one existing hospice agency offers full time palliative physicians.

Therefore, this project is economically feasible.

4. **Complete Historical and Projected Data Charts on the following two pages--Do not modify the Charts provided or submit Chart substitutions! Historical Data Chart represents revenue and expense information for the last three (3) years for which complete data is available for the institution. Projected Data Chart requests information for the two (2) years following the completion of this proposal. Projected Data Chart should reflect revenue and expense projections for the Proposal Only (i.e., if the application is for additional beds, include anticipated revenue from the proposed beds only, not from all beds in the facility).**

Response: Historical and Projected Data Charts are completed. Please note that, as a new agency, there is no historical data.

HISTORICAL DATA CHART

Give information for the last *three (3)* years for which complete data are available for the facility or agency. The fiscal year begins in _____(month).

Response: Not applicable, as this is a new facility.

A.	Utilization/Occupancy Rate			
B.	Revenue from Services to Patients			
	1. Inpatient Services			
	2. Outpatient Services			
	3. Emergency Services			
	4. Other Operating Revenue (Specify)_____			
	Gross Operating Revenue			
C.	Deductions from Operating Revenue			
	1. Contractual Adjustments			
	2. Provision for Charity Care			
	3. Provision for Bad Debt			
	Total Deductions			
	NET OPERATING REVENUE			
D.	Operating Expenses			
	1. Salaries and Wages			
	2. Physician's Salaries and Wages			
	3. Supplies			
	4 . Taxes			
	5 . Depreciation			
	6. Rent			
	7. Interest, other than Capital			
	8. Other Expenses (Specify) _			
	Total Operating Expenses			
E.	Other Revenue (Expenses)-Net (Specify)__\			
	NET OPERATING INCOME (LOSS)			
F.	Capital Expenditures			
	1. Retirement of Principal			
	2. Interest			
	Total Capital Expenditure			
	NET OPERATING INCOME (LOSS) LESSCAPITAL EXPENDITURES			

PROJECTED DATA CHART

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

Give information for the two (2) years following the completion of this project. The fiscal year begins in January (month).

		Yr-1	Yr-2
A.	Utilization/Occupancy (number of patients)	48	85
B.	Revenue from Services to Patients		
	1. Inpatient Services		
	2. Outpatient Services	716,057	1,017,080
	3. Emergency Services		
	4. Other Operating Revenue (Specify)_____		
	Gross Operating Revenue	**716,057**	**1,017,080**
C.	Deductions from Operating Revenue		
	1. Contractual Adjustments		
	2. Provision for Charity Care	35,803	50,854
	3. Provision for Bad Debt	21,482	30,512
	Total Deductions	**57,285**	**81,366**
	NET OPERATING REVENUE	**658,772**	**935,714**
D.	Operating Expenses		
	1. Salaries and Wages	298,680	379,320
	2. Physician's Salaries and Wages (Contracted)	48,000	60,000
	3. Supplies	3,600	6,000
	4 . Taxes	83,630	106,210
	5 . Depreciation	600	600
	6. Rent	6,600	6,600
	7. Interest, other than Capital		
	8. Management Fees		
	a. Fees to Affiliates		
	b. Fees to Non-Affiliates		
	9. Other Expenses (Specify) _____	119,330	148,120
	Total Operating Expenses	**560,440**	**706,850**
E.	Other Revenue (Expenses)-Net (Specify)		
	NET OPERATING INCOME (LOSS)	**98,332**	**228,864**
F.	Capital Expenditures		
	1. Retirement of Principal		
	2. Interest (on Letter of Credit)		
	Total Capital Expenditure		
	NET OPERATING INCOME (LOSS) LESS CAPITAL EXPENDITURES	98,332	228,864

OTHER EXPENSES

PROJECTED DATA CHART

Item D 9 -- Other Expenses	Year 1	Year 2
Computer/Laptops	$4,500	$0
Furniture	6,000	0
Insurance/General & Professional Liability	16,800	18,000
Medical Supplies	9,000	14,400
Mileage Reimbursement	36,480	54,720
Minor Equipment/Printers	2,000	0
Miscellaneous/Provision for Contingencies	4,800	6,000
Repairs and Maintenance	9,000	12,000
Training	750	1,000
Utilities	6,000	6,000
Worker Compensation	24,000	36,000
Total	**$119,330**	**$148,120**

5. **Please identify the project's average gross charge, average deduction from operating revenue, and average net charge.**

Response: The Applicant anticipates charging approximately $163.49 per day. The existing Medicare per diem rate is approximately $156.26.

Average per diem charges are:

Gross	$163.49
Deductions	$ 13.08
Net	$150.41

6. A. **Please provide the current and proposed charge schedules for the proposal. Discuss any adjustment to current charges that will result from the implementation of the proposal. Additionally, describe the anticipated revenue from the proposed project and the impact on existing patient charges.**

Response: There are no current charges. The Applicant anticipates charging approximately $163.49 per day. The existing Medicare per diem rate is approximately $156.26.

Average per diem charges are:

Gross	$163.49
Deductions	$ 13.08
Net	$150.41

The average gross per diem for the 15 existing hospice agencies licensed to provide care in our proposed service area was $137 in 2013 (See *Attachment C.EF.6.B*). However, the Medicare per diem rate has increased since that time.

B. Compare the proposed charges to those of similar facilities in the service area/adjoining service areas, or to proposed charges of projects recently approved by the Health Services and Development Agency. If applicable, compare the proposed charges of the project to the current Medicare allowable fee schedule by common procedure terminology (CPT) code(s).

Response: The Applicant anticipates charging approximately $163.49 per day. The existing Medicare per diem rate is approximately $156.26.

Average per diem charges are:

Gross	$163.49
Deductions	$ 13.08
Net	$150.41

The average gross per diem for the 15 existing hospice agencies licensed to provide care in our proposed service area was $137 in 2013 (See *Attachment C.EF.6.B*). However, the Medicare per diem rate has increased since that time.

7. **Discuss how projected utilization rates will be sufficient to maintain cost-effectiveness.**

Response: The Projected Data Chart indicates sufficient income to maintain cost-effectiveness, with a positive cash flow in both years. Obviously, income is dependent upon rendering services to a sufficient number of patients. As the Applicant's Owner has been in business for many years in auxiliary health, the Applicant is familiar with the provision of hospice care, and feels comfortable with the projections.

Further, since the need for hospice care is increasing and the number of elderly is increasing at a statistically higher rate than the general population, there will be a continuing need for the care proposed in this application.

8. **Discuss how financial viability will be ensured within two years; and demonstrate the availability of sufficient cash flow until financial viability is achieved.**

Response: The Projected Data Chart indicates sufficient income to maintain cost-effectiveness, with a positive cash flow in both years. Obviously, income is dependent upon rendering services to a sufficient number of patients. As the Applicant's Owner has been in business for many years in auxiliary health, the Applicant is familiar with the provision of hospice care, and feels comfortable with the projections.

Further, since the need for hospice care is increasing and the number of elderly is increasing at a statistically higher rate than the general population, there will be a continuing need for the care proposed in this application.

9. **Discuss the project's participation in state and federal revenue programs including a description of the extent to which Medicare, TennCare/Medicaid, and medically indigent patients will be served by the project. In addition, report the estimated dollar amount of revenue and percentage of total project revenue anticipated from each of TennCare, Medicare, or other state and federal sources for the proposal's first year of operation.**

Response: The hospice will participate in Medicare and TennCare.

The Applicant anticipates 70% of its patients will be Medicare patients. With Net Operating Revenue of $658,772 anticipated in Year 1, the impact on Medicare will be $461,141 (Net times 70%).

The Applicant anticipates 23% of its patients will be Medicaid/TennCare patients. With Net Operating Revenue of $658,772 anticipated in Year 1, the impact on Medicaid approximates $45,456 (Net times 23% times 30% state share).

10. **Provide copies of the balance sheet and income statement from the most recent reporting period of the institution and the most recent audited financial statements with accompanying notes, if applicable. For new projects, provide financial information for the corporation, partnership, or principal parties involved with the project. Copies must be inserted at the end of the application, in the correct alpha-numeric order and labeled as Attachment C, Economic Feasibility-10.**

Response: As this is a new project, there are no balance sheets and income statements.

Attachment C.EF.2 provides financial information concerning the Owner of the Applicant.

11. **Describe all alternatives to this project which were considered and discuss the advantages and disadvantages of each alternative including but not limited to:**

a. **A discussion regarding the availability of less costly, more effective, and/or more efficient alternative methods of providing the benefits intended by the proposal. If development of such alternatives is not practicable, the applicant should justify why not; including reasons as to why they were rejected.**

Response: There are few alternatives to providing hospice care – you either do or you don't. Therefore, this response will center on alternative measures of providing needed hospice care that the Applicant considered prior to filing this application.

Maintaining status quo is always an option, but doing so would not close the gap between the number of people needing hospice care and the number of people receiving hospice care. Therefore, this alternative was rejected.

The unique guidelines that have been adopted for hospice care seem to indicate that there should be an actual need for additional hospice care *in each proposed county* prior to filing a CON application. As *Attachment B.II.C.4* indicates, there are "pockets" of the State where certain counties continue to show a statistical need for additional hospice care. The fact is that following the letter of the guidelines would result in a fragmented hospice provider system. For example, there is one area of the state (in South Central Tennessee) where two rural counties still show a need for hospice care, but it would be impractical (both financially and administratively) for an applicant to request just those two counties.

Thus, the alternative of applying for just those 6 counties in our service area that show a statistical need was deemed impractical and was discarded. Obviously, the only other alternative, which is waiting on existing agencies to start providing care in those counties, was also discarded.

b. **The applicant should document that consideration has been given to alternatives to new construction, e.g., modernization or sharing arrangements. It should be documented that superior alternatives have been implemented to the maximum extent practicable.**

Response: Not applicable as to construction since none is involved in this project.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTH CARE

1. **List all existing health care providers (e.g., hospitals, nursing homes, home care organizations, etc.), managed care organizations, alliances, and/or networks with which the applicant currently has or plans to have contractual and/or working relationships, e.g., transfer agreements, contractual agreements for health services.**

Response: There are no existing contractual and/or working relationships. However, the Applicant will pursue such relationships with area providers upon approval of this CON application.

2. Describe the positive and/or negative effects of the proposal on the health care system. Please be sure to discuss any instances of duplication or competition arising from your proposal in your description of the effect the proposal will have on the utilization rates of existing providers in the service area of the project.

Response: The approval of this project will only result in positive outcomes. Since existing hospice agencies are not providing care to the statistically-expected number of patients in the proposed service area, this project will have a positive effect on the health care system.

It is very important to understand the statistical parameters involved with this project. In 2013, 1,172 hospice patients were seen in the 12 county service area. The Applicant anticipates seeing only 48 patients during the first year of operation, which represents a 5.1% actual increase in hospice patients seen in the area. Obviously, the approval of this project will have less of an effect – practically none at all – on the utilization of existing hospices than their own inability to provide hospice care.

Also, please note the following tables, which should indicate the level of commitment that existing hospice providers have in the 12 county service area.

Agency	# of Service Area Counties Served in 2013
Aseracare Hospice-McKenzie	7 of 12 Counties
Baptist Memorial HC &Hospice	2
The Highland Rim	3
Avalon Hospice	8
Caris Healthcare	7
Caris Healthcare	4
Henry Co. Medical Cntr Hospice	1
Hospice of West Tennessee	5
Tennessee Quality Hospice	11
Legacy Hospice of the South	3
Magnolia Regional HCH	2
Unity Hospice Care of TN, LLC	8
Volunteer Hospice	3
Guardian Hospice	1
Willowbrook Hospice, Inc	1

County	# of Agencies that Served county in 2013
Benton	6 of 15 Counties
Chester	6
Decatur	5
Hardin	8
Henderson	6
Hickman	5
Humphrey	6
Lawrence	6
Lewis	4
McNairy	7
Perry	3
Wayne	4

3. **Provide the current and/or anticipated staffing pattern for all employees providing patient care for the project. This can be reported using FTEs for these positions. Additionally, please compare the clinical staff salaries in the proposal to prevailing wage patterns in the service area as published by the Tennessee Department of Labor & Workforce Development and/or other documented sources.**

Response: There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	Year 1
Administrator	1.0
RNs	2.0
CNA	4.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	$22
CNA	$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3.*

4. **Discuss the availability of and accessibility to human resources required by the proposal, including adequate professional staff, as per the Department of Health, the Department of Mental Health and Developmental Disabilities, and/or the Division of Mental Retardation Services licensing requirements.**

Response: The Applicant does not anticipate any problems in securing nursing staff for this new hospice agency. In addition to the high unemployment rate experienced in most of the counties, area schools continue to train appropriate personnel. Nashville Technology School of Nursing and Nurse Aide Training Services (NATS) continue to provide nurse graduates.

5. **Verify that the applicant has reviewed and understands all licensing certification as required by the State of Tennessee for medical/clinical staff. These include, without limitation, regulations concerning physician supervision, credentialing, admission privileges, quality assurance policies and programs, utilization review** ***policies and programs, record keeping, and staff education.***

Response: The Applicant is familiar with all licensing certification requirements for medical/clinical staff.

6. Discuss your health care institution's participation in the training of students in the areas of medicine, nursing, social work, etc. (*e.g.,* internships, residencies, etc.).

Response: The Applicant is committed to implementing the training of nursing personnel and related allied health care workers. Therefore, the approval of this Application will support the development, recruitment, and retention of a sufficient and quality health care workforce.

7. **(a) Please verify, as applicable, that the applicant has reviewed and understands the licensure requirements of the Department of Health, the Department of Mental Health and Developmental Disabilities, the Division of Mental Retardation Services, and/or any applicable Medicare requirements.**

Response: The Applicant is familiar with all licensure requirements of the regulatory agencies of the State.

(b) Provide the name of the entity from which the applicant has received or will receive licensure, certification, and/or accreditation.

Response:

Licensure:	Tennessee Department of Health
Accreditation:	Medicare, Medicaid/TennCare

(c) If an existing institution, please describe the current standing with any licensing, certifying, or accrediting agency. Provide a copy of the current license of the facility.

Response: Not applicable.

(d) For existing licensed providers, document that all deficiencies (if any) cited in the last licensure certification and inspection have been addressed through an approved plan of correction. Please include a copy of the most recent licensure/certification inspection with an approved plan of correction.

Response: Not applicable.

8. **Document and explain any final orders or judgments entered in any state or country by a licensing agency or court against professional licenses held by the applicant or any entities or persons with more than a 5% ownership interest in the applicant. Such information is to be provided for licenses regardless of whether such license is currently held.**

Response: There have been no final orders or judgments as are contemplated by this question.

9. **Identify and explain any final civil or criminal judgments for fraud or theft against any person or entity with more than a 5% ownership interest in the project**

Response: There have been no final orders or judgments as are contemplated by this question.

10. **If the proposal is approved, please discuss whether the applicant will provide the Tennessee Health Services and Development Agency and/or the reviewing agency information concerning the number of patients treated, the number and type of procedures performed, and other data as required.**

Response: The Applicant will provide all data contemplated by this question.

PROOF OF PUBLICATION

Attach the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit from the newspaper as proof of the publication of the letter of intent.

Response: Please see attached tear sheets from the newspapers.

DEVELOPMENT SCHEDULE

Tennessee Code Annotated § 68-11-1609(c) provides that a Certificate of Need is valid for a period not to exceed three (3) years (for hospital projects) or two (2) years (for all other projects) from the date of its issuance and after such time shall expire; provided, that the Agency may, in granting the Certificate of Need, allow longer periods of validity for Certificates of Need for good cause shown. Subsequent to granting the Certificate of Need, the Agency may extend a Certificate of Need for a period upon application and good cause shown, accompanied by a non-refundable reasonable filing fee, as prescribed by rule. A Certificate of Need which has been extended shall expire at the end of the extended time period. The decision whether to grant such an extension is within the sole discretion of the Agency, and is not subject to review, reconsideration, or appeal.

1. **Please complete the Project Completion Forecast Chart on the next page. If the project will be completed in multiple phases, please identify the anticipated completion date for each phase.**
2. **If the response to the preceding question *indicates that the applicant does not anticipate completing the project within the period of validity as defined in the preceding paragraph,* please state below any request for an extended schedule and document the "good cause" for such an extension.**

Form HF0004
Revised 05/03/04
Previous Forms are obsolete

PROJECT COMPLETION FORECAST CHART

Enter the Agency projected Initial Decision date, as published in Rule 68-11-1609(c): 08/2014.

Assuming the CON approval becomes the final agency action on that date; indicate the number of day **from the above agency decision date** to each phase of the completion forecast.

Phase	DAYS REQUIRED	Anticipated Date (MONTH/YEAR)
1. Architectural and engineering contract signed		
2. Construction documents approved by the Tennessee Department of Health		
3. Construction contract signed		
4. Building permit secured		
5. Site preparation completed		
6. Building construction commenced		
7. Construction 40% complete		
8. Construction 80% complete		
9. Construction 100% complete (approved for occupancy		
10. *Issuance of license	60	10/2014
11. *Initiation of service	30	11/2014
12. Final Architectural Certification of Payment		
13. Final Project Report Form (HF0055)		

*** For projects that do NOT involve construction or renovation : Please complete items 10 and 11 only.**

Note: If litigation occurs, the completion forecast will be adjusted at the time of the final determination to reflect the actual issue date.

AFFIDAVIT

STATE OF TENNESSEE

COUNTY OF DAVIDSON

E. Graham Baker, Jr., being first duly sworn, says that he/she is the applicant named in this application or his/her/its lawful agent, that this project will be completed in accordance with the application, that the applicant has read the directions to this application, the Rules of the Health Services and Development Agency, and T.C.A. § 68-11-1601, *et seq.*, and that the responses to this application or any other questions deemed appropriate by the Health Services and Development Agency are true and complete.

E. Graham Baker, Jr., ATTORNEY AT LAW
SIGNATURE/TITLE

Sworn to and subscribed before me this 14th day of April, 2014, a
(month) (year)

Notary Public in and for the County/State of Davidson/Tennessee.

NADEAN E. POTEET NOTARY PUBLIC STATE OF TENNESSEE DAVIDSON COUNTY

NOTARY PUBLIC

My commission expires July 3, 2017.
(Month/Day) (Year)

STATE OF TENNESSEE

STATE HEALTH PLAN

CERTIFICATE OF NEED STANDARDS AND CRITERIA

FOR

RESIDENTIAL HOSPICE SERVICES AND HOSPICE SERVICES

The Health Services and Development Agency (HSDA) may consider the following standards and criteria for applications seeking to provide Residential Hospice and Hospice services. Existing providers of Residential Hospice and Hospice services are not affected by these standards and criteria unless they take an action that requires a new certificate of need (CON) for Residential Hospice and/or Hospice services.

These standards and criteria are effective immediately as of May 23, 2013, the date of approval and adoption by the Governor of the State Health Plan changes for 2013. Applications to provide Residential Hospice and/or Hospice services that were deemed complete by HSDA prior to this date shall be considered under the Guidelines for Growth, 2000 Edition.

Definitions Applicable to both Residential Hospice Services and Hospice Services

1. **"Deaths"** shall mean the number of all deaths in a Service Area less the number of reported accidental, motor vehicle, homicide, suicide, infant, neonatal, and post neonatal deaths in that Service Area, as reported by the State of Tennessee Department of Health.

Response: As indicated on Attachment B.II.C.4, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

2. "**Residential Hospice**"[1] shall have that meaning set forth in Tennessee Code Annotated Section 68-11-201 or its successor.

Response: Not applicable.

3. **"Hospice"** shall refer to those hospice services not provided in a Residential Hospice Services facility.

Response: This application is for hospice services not provided in a Residential Hospice Services facility.

4. **"Total Hospice"** shall mean Residential and Hospice Services combined.

Response: Not applicable.

STANDARDS AND CRITERIA APPLICABLE TO BOTH RESIDENTIAL AND HOSPICE SERVICES APPLICATIONS

1. **Adequate Staffing:** An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are available in the proposed Service Area. In this regard, an applicant should demonstrate its willingness to comply with the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization

Response: The Applicant does not anticipate any problems in securing nursing staff for this new hospice agency. In addition to the high unemployment rate experienced in most of the counties, area schools continue to train appropriate personnel. Nashville Technology School of Nursing and Nurse Aide Training Services (NATS) continue to provide nurse graduates.

[1] The Division recognizes the current Guidelines for Growth's statement that "the purpose of residential hospice facilities is not to replace home care hospice services, but rather to provide an option to those patients who cannot be adequately cared for in the home setting." The Division also recognizes that Residential Hospice and Hospice providers may in fact provide the same services.

There is no current staffing pattern, as this is for a new agency. The anticipated staffing pattern for the first year is as follows:

Proposed FTEs:	Year 1
Administrator	1.0
RNs	3.0
LPNs	3.0
CNA	6.0

Anticipated Year 1 hourly salary ranges for employees providing patient care are provided in the chart below:

Estimated Hourly Salaries:	Year 1
RN	$22
LPN	$18
CNA	$10

Comparable clinical staff salaries in the service area as published by the Tennessee Department of Labor & Workforce Development are included in *Attachment C.OD.3.*

2. **Community Linkage Plan:** The applicant shall provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application shall detail specific instances of unmet need for hospice services.

Response: There are no existing contractual and/or working relationships. However, the Applicant will pursue such relationships with area providers upon approval of this CON application.

3. **Proposed Charges:** The applicant shall list its benefit level charges, which shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.

Response: The Applicant anticipates charging approximately $163.49 per day. The existing Medicare per diem rate is approximately $156.26.

Average per diem charges are:

Gross	$163.49
Deductions	$ 13.08
Net	$150.41

The average gross per diem for the 15 existing hospice agencies licensed to provide care in our proposed service area was $137 in 2013 (See Attachment C.EF.6.B). However, the Medicare per diem rate has increased since that time.

4. **Access:** The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 0720-11-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

Response: The Applicant is willing and eager to serve patients in the entire proposed Service Area.

5. **Indigent Care.** The applicant should include a plan for its care of indigent patients in the Service Area, including:

   a. Demonstrating a plan to work with community-based organizations in the Service Area to develop a support system to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services.
   b. Details about how the applicant plans to provide this outreach.
   c. Details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

Response: The Applicant has allocated approximately 5% of Gross Revenue to Charity Care. Considering the fact that hospice care is generally a Medicare program (which is reimbursed), and the Applicant anticipates only 7% private pay, the Charity Care allowance should be sufficient.

6. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensing survey.

Response: The Applicant will comply with all reporting requirements of the State.

7. **Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

Response: The Applicant will comply with all reporting requirements of the State.

8. **Education.** The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.

Response: The Applicant plans to implement training and educational programs with area providers, especially hospital social workers and discharge planners, and local physicians in all of the service area.

RESIDENTIAL HOSPICE SERVICES

DEFINITIONS

9. **"Service Area"** shall mean the county or contiguous counties represented on an application as the reasonable area in which a health care institution intends to provide Residential Hospice Services and/or in which the majority of its service recipients reside. A radius of 50 miles and/or a driving time of up to 1 hour from the site of the residential hospice services facility may be considered a "reasonable area;" however, full counties shall be included in a Service Area. Only counties with a Hospice Penetration Rate that is less than 80 percent of the Statewide Median Hospice Penetration Rate may be included in a proposed Service Area.

Response: The Applicant is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Please see Attachment B.II.C.4, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a

need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See Attachment B.II.C.4.a). Therefore, all 12 counties constitute our proposed service area.

10. **"Statewide Median Hospice Penetration Rate"** shall mean the number equal to the Hospice Penetration Rate (as described below) for the median county in Tennessee.

Response: As indicated on *Attachment B.II.C.4*, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

NEED

11. **Need Formula.** The need for Residential Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

    A / B = Hospice Penetration Rate

    Where:

    A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health;

    and

    B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.

    Note that the Tennessee Department of Health Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."

    Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate; further, existing Residential Hospice Services

providers in a proposed Service Area must show an average occupancy rate of at least 85%.

The following formula to determine the demand for additional hospice service recipients shall be applied to each county included in the proposed service area, and the results for each county's calculation should be aggregated for the proposed service area:

(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B

Response: As indicated on *Attachment B.II.C.4*, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

OTHER RESIDENTIAL HOSPICE SERVICES STANDARDS, AND CRITERIA

12. **Types of Care.** An applicant should demonstrate whether or not it will have the capability to provide general inpatient care, respite care, continuous home care, and routine home care to its patients. If it is not planning to provide one or more of these listed types of care, the applicant should explain why.

Response: The Applicant initially anticipates providing only routine hospice care. As the program increases, additional services are planned such as respite care, etc.

13. **Expansion from Non-Residential Hospice Services.** An applicant for Residential Hospice Services that provides Hospice Services should explain how the Residential Hospice Services will maintain or enhance the Hospice Services' continuum of care to ensure patients have access to needed services.

Response: Not applicable.

HOSPICE SERVICES

DEFINITIONS

14. **"Service Area"** shall mean the county or contiguous counties represented on an application as the area in which an applicant intends to provide Hospice Services and/or in which the majority of its service recipients reside. Only counties with a Hospice Penetration Rate that is less than 80 percent of the Statewide Median Hospice Penetration Rate may be included in a proposed Service Area.

Response: The Applicant is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman; Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties.

Please see Attachment B.II.C.4, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "...reasonable area...." This is especially true when consideration is given to the fact that 11 of these counties are totally considered a medically underserved area, and part of the 12th county (Humphreys) is a medically underserved area (See Attachment B.II.C.4.a). Therefore, all 12 counties constitute our proposed service area.

15. **"Statewide Median Hospice Penetration Rate"** shall mean the number equal to the Hospice Penetration Rate (as described below) for the median county in Tennessee.

Response: As indicated on *Attachment B.II.C.4*, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

NEED

16. **Need Formula.** The need for Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

    A / B = Hospice Penetration Rate

    Where:

    A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health;

    and

B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate and if there is a need shown for at least 120 additional hospice service recipients in the proposed Service Area.

The following formula to determine the demand for additional hospice service recipients shall be applied to each county, and the results should be aggregated for the proposed service area:

(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B

Response: As indicated on *Attachment B.II.C.4*, the Applicant used the "2011-2012 Hospice Rates and Projected Need" document prepared by the TDOH, Division of Policy, Planning and Assessment, Office of Health Statistics, when computed need figures.

Grand Regions by MCO

West Tennessee	
AmeriChoice	Benton, Carroll, Chester, Crockett, Decatur, Dyer, Fayette, Gibson, Hardeman, Hardin, Haywood, Henderson, Henry, Lake, Lauderdale, Madison, McNairy, Obion, Shelby, Tipton, Weakley.
BlueCare	
TennCare Select	
Middle Tennessee	
AmeriChoice	Bedford, Cannon, Cheatham, Clay, Coffee, Cumberland, Davidson, DeKalb, Dickson, Fentress, Giles, Hickman, Houston, Humphreys, Jackson, Lawrence, Lewis, Lincoln, Macon, Marshall, Maury, Montgomery, Moore, Overton, Perry, Pickett, Putnam, Robertson, Rutherford, Smith, Stewart, Sumner, Trousdale, Van Buren, Warren, Wayne, White, Williamson, Wilson
AmeriGroup	
TennCare Select	
East Tennessee	
AmeriChoice	Anderson, Bledsoe, Blount, Bradley, Campbell, Carter, Claiborne, Cocke, Franklin, Grainger, Greene, Grundy, Hamblen, Hamilton, Hancock, Hawkins, Jefferson, Johnson, Knox, Loudon, Marion, McMinn, Meigs, Monroe, Morgan, Polk, Rhea, Roane, Scott, Sequatchie, Sevier, Sullivan, Unicoi, Union, Washington
BlueCare	
TennCare Select	

TENNCARE

Attachment B.II.C.2

CMS.gov
Centers for Medicare & Medicaid Services

Hospice

According to Title 18, Section 1861 (dd) of the Social Security Act, the term "hospice care" means the following items and services provided to a terminally ill individual by, or by others under arrangements made by, a hospice program under a written plan (for providing such care to such individual) established and periodically reviewed by the individual's attending physician and by the medical director (and by the interdisciplinary group described in paragraph (2)(B)) of the program—

- (A) nursing care provided by or under the supervision of a registered professional nurse,
- (B) physical or occupational therapy, or speech-language pathology services,
- (C) medical social services under the direction of a physician,
- (D)(i) services of a home health aide who has successfully completed a training program approved by the Secretary and
  - (ii) homemaker services,
- (E) medical supplies (including drugs and biologicals) and the use of medical appliances, while under such a plan,
- (F) physicians' services,
- (G) short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management) in an inpatient facility meeting such conditions as the Secretary determines to be appropriate to provide such care, but such respite care may be provided only on an intermittent, nonroutine, and occasional basis and may not be provided consecutively over longer than five days,
- (H) counseling (including dietary counseling) with respect to care of the terminally ill individual and adjustment to his death, and
- (I) any other item or service which is specified in the plan and for which payment may otherwise be made under this title.

The care and services described in subparagraphs (A) and (D) may be provided on a 24-hour, continuous basis only during periods of crisis (meeting criteria established by the Secretary) and only as necessary to maintain the terminally ill individual at home.

Hospice Data

Updated hospice statistics are now available for calendar years 1998 to 2008 , and include the 20 most frequent diagnoses, the number of patients, average length of stay, and trends over time in length of stay, by diagnosis. (see "Downloads" below).

Hospice Center

For a one-stop resource web page focused on the informational needs and interests of Medicare Fee-for-Service (FFS) hospices, go to the Hospice Center (see "Related Links Inside CMS" below).

Downloads

Hospice Data 1998-2008 [ZIP, 122KB]
FY 2014 Wage Index [ZIP, 261KB]
FY 2013 Wage Index [ZIP, 468KB]
FY 2011 Final Wage Index [ZIP, 33KB]
FY 2010 Wage Index [ZIP, 32KB]
FY 2009 Wage Index [PDF, 249KB]
R1701CP [PDF, 110KB]

Related Links

Hospice Center
Hospice: Questions and Answers
Title 18, Section 1861 of the Social Security Act (Subsection dd)
Hospice Care Regulation: Title 42, Chapter IV, Part 418

2013

Facility Name:	ID	Home Co.	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area Total	Grand Total
Aseracare Hospice-McKenzie	9645	Carroll	11	8	1	14	10	0	6	0	0	53	0	0	103	808
Baptist Memorial HC &Hospice	9625	Carroll	1	0	0	0	0	0	1	0	0	0	0	0	2	53
Hospice Compassus-The Highland Rim	16604	Coffee	0	0	0	0	0	38	0	71	13	0	0	0	122	912
Avalon Hospice	19694	Davidson	0	5	2	5	10	13	16	1	0	8	0	0	60	1,415
Caris Healthcare	19714	Davidson	0	0	0	2	0	25	32	60	3	0	3	2	127	837
Caris Healthcare	24606	Fayette	1	2	0	0	1	0	0	0	0	5	0	0	9	210
Henry Co. Medical Cntr Hospice	40615	Henry	13	0	0	0	0	0	0	0	0	0	0	0	13	152
Hospice of West Tennessee	57605	Madison	20	31	8	0	44	0	0	0	0	29	0	0	132	813
Tennessee Quality Hospice	57615	Madison	41	2	23	28	23	0	38	2	21	7	6	65	256	487
Legacy Hospice of the South	55605	McNairy	0	4	0	21	0	0	0	0	0	44	0	0	69	85
Magnolia Regional HCH Hospice	96600	Other	0	0	0	3	0	0	0	0	0	11	0	0	14	97
Unity Hospice Care of TN, LLC	68604	Perry	0	0	7	68	53	0	10	17	6	0	9	4	174	147
Volunteer Hospice	91602	Wayne	0	0	0	14	0	0	0	40	0	0	0	21	75	75
Guardian Hospice of Nashville, LLC	94614	Williamson	0	0	0	0	0	12	0	0	0	0	0	0	12	234
Willowbrook Hospice, Inc	94604	Williamson	0	0	0	0	0	4	0	0	0	0	0	0	4	276
Total			87	52	41	155	141	92	103	191	43	157	18	92	1,172	6,601

Source: Division of Health Statistics, 2013 Provisional JARs, Schedule F - Patient Utilization

2012

Facility Name:	ID	Home Co.	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area Total	Grand Total
Aseracare Hospice-McKenzie	9645	Carroll	17	8	2	10	8	0	2	0	0	55	0	0	102	921
Baptist Memorial HC &Hospice	9625	Carroll	3	0	0	0	1	0	0	0	0	0	0	0	4	60
Hospice Compassus-The Highland Rim	16604	Coffee	0	0	0	0	0	43	0	68	14	0	0	0	125	775
Avalon Hospice	19694	Davidson	9	6	1	1	15	15	12	0	0	2	0	0	61	1,001
Caris Healthcare	19714	Davidson	0	0	0	1	0	23	27	68	5	0	1	1	126	830
Caris Healthcare	24606	Fayette	0	0	0	0	0	0	0	0	0	2	0	0	2	126
Henry Co. Medical Cntr Hospice	40615	Henry	14	0	0	0	0	0	0	0	0	0	0	0	14	159
Hospice of West Tennessee	57605	Madison	13	36	10	0	37	0	0	0	0	29	0	0	125	739
Tennessee Quality Hospice	57615	Madison	50	7	21	27	13	0	35	5	13	15	4	35	225	447
Mercy Hospice	55601	McNairy	0	0	0	23	0	0	0	0	0	37	0	0	60	74
Magnolia Regional HCH Hospice	96600	Other	0	0	0	4	0	0	0	0	0	11	0	0	15	95
Unity Hospice Care of TN, LLC	68601	Perry	0	0	9	35	49	0	6	2	5	0	18	0	124	124
Volunteer Hospice	91602	Wayne	0	0	0	5	0	0	0	44	0	0	0	24	73	73
Guardian Hospice of Nashville, LLC	94614	Williamson	0	0	0	0	0	8	0	0	1	0	0	0	9	186
Willowbrook Hospice, Inc	94604	Williamson	0	0	0	0	0	4	0	0	0	0	0	0	4	274
Total			106	57	43	106	123	93	82	187	38	151	23	60	1,069	5,884

Source: Division of Health Statistics, 2012 JARs, Schedule F - Patient Utilization

Service Area Hospice Utilization

2011

Facility Name:	ID	Home Co.	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area Total	Grand Total
Aseracare Hospice-McKenzie	9645	Carroll	9	6	0	3	8	1	7	0	0	32	1	0	67	713
Baptist Memorial HC &Hospice	9625	Carroll	2	0	0	0	0	0	0	0	0	0	0	0	2	48
Hospice Compassus-The Highland Rim	16604	Coffee	0	0	0	0	0	40	0	52	16	0	0	0	108	757
Avalon Hospice	19694	Davidson	9	0	2	2	8	27	13	0	0	1	0	0	62	995
Caris Healthcare	19714	Davidson	0	0	0	1	0	29	20	69	3	0	0	1	123	812
Caris Healthcare	24606	Fayette	0	0	0	0	0	0	0	0	0	7	0	0	7	142
Henry Co. Medical Cntr Hospice	40615	Henry	14	0	0	0	0	0	0	0	0	0	0	0	14	149
Hospice of West Tennessee	57605	Madison	12	38	15	0	35	0	0	0	0	28	0	0	128	838
Tennessee Quality Hospice	57615	Madison	41	3	20	33	12	2	17	5	13	9	3	42	200	408
Legacy Hospice of the South	55605	McNairy	0	3	0	22	0	0	0	0	0	28	0	0	53	58
Magnolia Regional HCH Hospice	96600	Other	0	0	0	3	0	0	0	0	0	9	0	0	12	74
Unity Hospice Care of TN, LLC	6804	Perry	0	0	8	22	38	0	5	1	10	0	17	2	103	103
Volunteer Hospice	91602	Wayne	0	0	0	10	0	0	0	52	0	0	0	24	86	86
Guardian Hospice of Nashville, LLC	94614	Williamson	0	0	0	0	0	10	0	0	0	0	0	0	10	193
Willowbrook Hospice, Inc	94604	Williamson	0	0	0	0	0	9	0	0	0	0	0	0	9	334
Total			87	50	45	96	101	118	62	179	42	114	21	69	984	5,710

Source: Division of Health Statistics, 2011 JARs, Schedule F - Patient Utilization

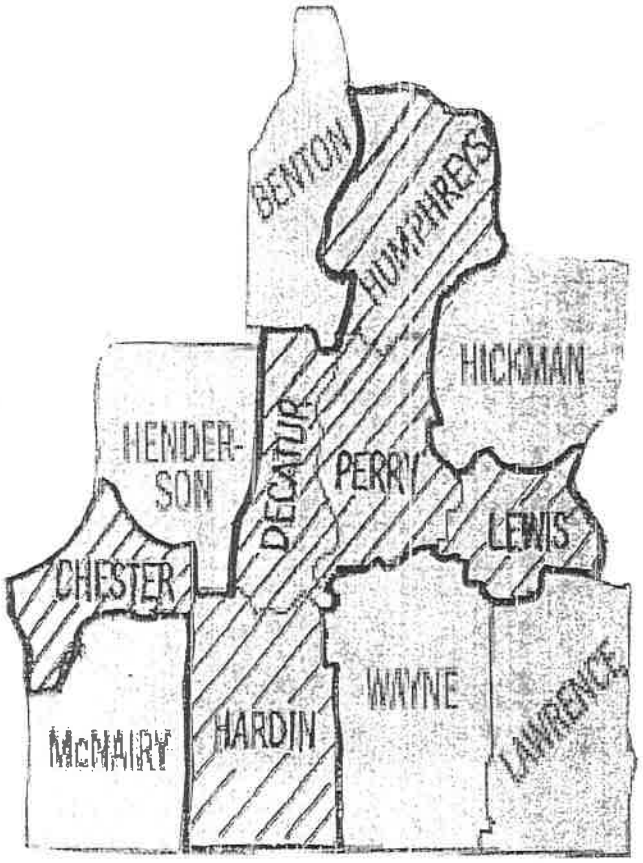
2010

Facility Name:	ID	Home Co.	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area Total	Grand Total
Aseracare Hospice-McKenzie	9645	Carroll	11	6	7	2	10	2	7	0	0	7	1	0	53	694
Baptist Memorial HC &Hospice	9625	Carroll	3	0	0	0	0	0	0	0	0	0	0	0	3	32
Hospice Compassus-The Highland Rim	16604	Coffee	0	0	0	0	0	36	0	54	22	0	0	0	112	639
Avalon Hospice	19694	Davidson	1	0	0	0	2	9	5	0	0	1	0	0	18	586
Caris Healthcare	19714	Davidson	0	0	0	1	0	25	18	81	9	0	1	0	135	825
Caris Healthcare	24606	Fayette	0	0	0	0	27	0	0	0	0	6	0	0	33	163
Henry Co. Medical Cntr Hospice	40615	Henry	17	0	0	0	0	0	0	0	0	0	0	0	17	132
Hospice of West Tennessee	57605	Madison	6	24	15	0	29	0	0	0	0	26	0	0	100	794
Tennessee Quality Hospice	57615	Madison	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Mercy Hospice	55601	McNairy	0	1	0	25	0	0	0	0	0	39	0	0	65	66
Magnolia Regional HCH Hospice	96600	Other	0	0	0	3	0	0	0	0	0	11	0	0	14	73
Unity Hospice Care of TN, LLC	68601	Perry	0	0	9	6	47	0	3	0	7	0	15	1	88	88
Volunteer Hospice	91602	Wayne	0	0	0	19	0	0	0	30	0	0	0	17	66	66
Guardian Hospice of Nashville, LLC	94614	Williamson	0	0	0	0	0	5	0	0	0	0	0	0	5	216
Willowbrook Hospice, Inc	94604	Williamson	0	0	0	0	0	7	0	0	0	0	0	0	7	348
Total			38	31	31	56	115	84	33	165	38	90	17	18	716	4,722

Source: Division of Health Statistics, 2010 JARs, Schedule F - Patient Utilization

** No JAR*

2011-2012 Hospice Rates and Projected Need



County	Pts (Mean)	Deaths (Mean)	Rate	0.8	0.85
Benton	98	228	0.42982	-14	-9
Chester	56	161	0.34783	3	7
Decatur	44	148	0.2973	10	13
Hardin	101	317	0.31861	15	23
Henderson	116	286	0.40559	-11	-5
Hickman	106	243	0.43621	-17	-11
Humphreys	72	212	0.33962	6	11
Lawrence	183	450	0.40667	-18	-8
Lewis	40	124	0.32258	5	8
McNairy	133	291	0.45704	-26	-19
Perry	22	91	0.24176	11	13
Wayne	65	162	0.40123	-5	-1
Service Area	*1,036*	*2,713*	*0.38187*	*-41*	*22*
TN	29,221	55,357	0.528	-8912	-7643

Source:Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics

2011-2012 Hospice Rates and Projected Need

	Hospice Patients Served			Total Deaths*			Hospice Penetration Rate	% of Statewide Median Hospice Penetration Rate and Patient Need/(Surplus) 0.367	0.390
CountyName	2011	2012	Mean	2011	2012	Mean	Mean Number of Patients/Mean Number of Deaths	80%	85%
Anderson	400	472	436	792	856	824	0.529	(134)	(115)
Bedford	161	133	147	403	400	402	0.366	0	10
Benton	88	108	98	235	221	228	0.430	(14)	(9)
Bledsoe	47	40	44	114	114	114	0.382	(2)	1
Blount	532	536	534	1,147	1,176	1,162	0.460	(108)	(81)
Bradley	451	541	496	846	844	845	0.587	(186)	(167)
Campbell	73	175	124	444	476	460	0.270	45	55
Cannon	41	59	50	140	139	140	0.358	1	4
Carroll	227	204	216	394	349	372	0.580	(79)	(71)
Carter	300	322	311	579	598	589	0.528	(95)	(82)
Cheatham	166	178	172	310	319	315	0.547	(57)	(49)
Chester	53	58	56	161	160	161	0.346	3	7
Claiborne	80	156	118	381	379	380	0.311	21	30
Clay	19	25	22	104	120	112	0.196	19	22
Cocke	237	226	232	412	451	432	0.537	(73)	(63)
Coffee	252	240	246	577	595	586	0.420	(31)	(18)
Crockett	59	68	64	166	159	163	0.391	(4)	(0)
Cumberland	288	296	292	685	683	684	0.427	(41)	(25)
Davidson	2,987	2,854	2,921	4,333	4,424	4,379	0.667	(1,314)	(1,214)
Decatur	45	43	44	145	150	148	0.298	10	13
DeKalb	86	80	83	203	207	205	0.405	(8)	(3)
Dickson	315	311	313	450	420	435	0.720	(153)	(143)
Dyer	183	181	182	392	362	377	0.483	(44)	(35)
Fayette	121	132	127	280	272	276	0.458	(25)	(19)
Fentress	23	28	26	190	205	198	0.129	47	51
Franklin	281	287	284	426	456	441	0.644	(122)	(112)
Gibson	335	286	311	623	635	629	0.494	(80)	(65)
Giles	149	146	148	324	306	315	0.468	(32)	(25)
Grainger	90	96	93	219	223	221	0.421	(12)	(7)
Greene	526	602	564	778	777	778	0.725	(279)	(261)
Grundy	95	102	99	173	192	183	0.540	(32)	(27)
Hamblen	315	327	321	608	617	613	0.524	(96)	(82)
Hamilton	2,401	1,950	2,176	3,026	2,977	3,002	0.725	(1,074)	(1,006)
Hancock	27	26	27	95	81	88	0.301	6	8
Hardeman	85	106	96	254	235	245	0.391	(6)	(0)
Hardin	96	106	101	310	324	317	0.319	15	23
Hawkins	266	287	277	622	590	606	0.456	(54)	(40)
Haywood	65	68	67	169	180	175	0.381	(2)	2
Henderson	107	125	116	276	296	286	0.406	(11)	(5)
Henry	171	211	191	403	430	417	0.459	(38)	(29)
Hickman	118	93	106	241	244	243	0.435	(17)	(11)
Houston	40	41	41	97	99	98	0.413	(5)	(2)
Humphreys	62	82	72	222	202	212	0.340	6	11
Jackson	27	29	28	115	139	127	0.220	19	22
Jefferson	262	280	271	514	534	524	0.517	(79)	(67)
Johnson	81	89	85	170	193	182	0.468	(18)	(14)
Knox	1,803	1,970	1,887	3,650	3,737	3,694	0.511	(531)	(447)

NOTE: In the Hospice Death definition infant mortality cannot simply be added to the other cause factors, as infant mortality constitutes any death of persons 365 days or younger, regardless of cause. Infant mortality is NOT a separate cause of death category, similar to suicide, homicide, or accidents. Some of the causes for infant death will include accidents and homicides. Therefore, there is some overlap between infant deaths and accidents and homicides. IF Vital Statistics rate sheets are used to calculate Hospice-defined deaths, then it should be noted that there may be a few infant deaths also counted in accidents and homicides. HOWEVER, since the number of deaths that fall under both infant death and homicide or accident are relatively small, the tables may still function to establish need (or lack thereof) for Hospice, though it is dependent on Licensure's discretion.

Attachment B.II.C.4

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

2011-2012 Hospice Rates and Projected Need

Lake	24	45	35	97	76	87	0.399	(3)	(1)
Lauderdale	108	108	108	224	247	236	0.459	(22)	(16)
Lawrence	179	187	183	433	467	450	0.407	(18)	(8)
Lewis	42	38	40	133	114	124	0.324	5	8
Lincoln	116	107	112	354	387	371	0.301	24	33
Loudon	273	314	294	484	598	541	0.543	(95)	(83)
McMinn	306	374	340	576	577	577	0.590	(129)	(115)
McNairy	114	151	133	287	294	291	0.456	(26)	(19)
Macon	36	45	41	229	233	231	0.175	44	50
Madison	487	480	484	761	850	806	0.600	(188)	(170)
Marion	135	138	137	274	300	287	0.476	(31)	(25)
Marshall	139	113	126	295	242	269	0.469	(27)	(21)
Maury	390	361	376	715	685	700	0.536	(119)	(103)
Meigs	68	70	69	126	139	133	0.521	(20)	(17)
Monroe	185	224	205	463	427	445	0.460	(41)	(31)
Montgomery	498	459	479	912	981	947	0.506	(131)	(110)
Moore	11	18	15	65	59	62	0.234	8	10
Morgan	56	54	55	178	186	182	0.302	12	16
Obion	188	213	201	383	383	383	0.523	(60)	(51)
Overton	54	79	67	230	269	250	0.267	25	31
Perry	21	23	22	95	86	91	0.243	11	13
Pickett	12	11	12	70	72	71	0.162	15	16
Polk	103	94	99	187	211	199	0.495	(25)	(21)
Putnam	331	298	315	622	704	663	0.474	(71)	(56)
Rhea	178	167	173	297	327	312	0.553	(58)	(51)
Roane	263	255	259	587	588	588	0.441	(43)	(30)
Robertson	312	314	313	557	566	562	0.557	(107)	(94)
Rutherford	754	817	786	1,467	1,524	1,496	0.525	(237)	(203)
Scott	24	59	42	248	255	252	0.165	51	57
Sequatchie	98	122	110	131	134	133	0.830	(61)	(58)
Sevier	400	463	432	784	835	810	0.533	(135)	(116)
Shelby	3,761	3,450	3,606	6,689	6,845	6,767	0.533	(1,123)	(968)
Smith	36	50	43	204	191	198	0.218	29	34
Stewart	63	59	61	151	140	146	0.419	(8)	(4)
Sullivan	1,090	1,212	1,151	1,868	1,924	1,896	0.607	(455)	(412)
Sumner	672	661	667	1,190	1,197	1,194	0.558	(229)	(201)
Tipton	189	189	189	465	445	455	0.415	(22)	(12)
Trousdale	25	25	25	73	98	86	0.292	6	8
Unicoi	246	215	231	235	222	229	1.009	(147)	(141)
Union	24	76	50	191	188	190	0.264	20	24
Van Buren	16	24	20	49	62	56	0.360	0	2
Warren	200	203	202	439	385	412	0.489	(50)	(41)
Washington	766	809	788	1,225	1,241	1,233	0.639	(335)	(307)
Wayne	69	60	65	154	170	162	0.398	(5)	(1)
Weakley	151	187	169	341	342	342	0.495	(44)	(36)
White	125	138	132	331	363	347	0.379	(4)	4
Williamson	546	566	556	887	898	893	0.623	(229)	(208)
Wilson	489	480	485	840	847	844	0.574	(175)	(156)
Unknown	1	51	26						
Tennessee	*29,010*	*29,431*	*29,221*	*54,794*	*55,920*	*55,357*	*0.528*	*(8,912)*	*(7,643)*

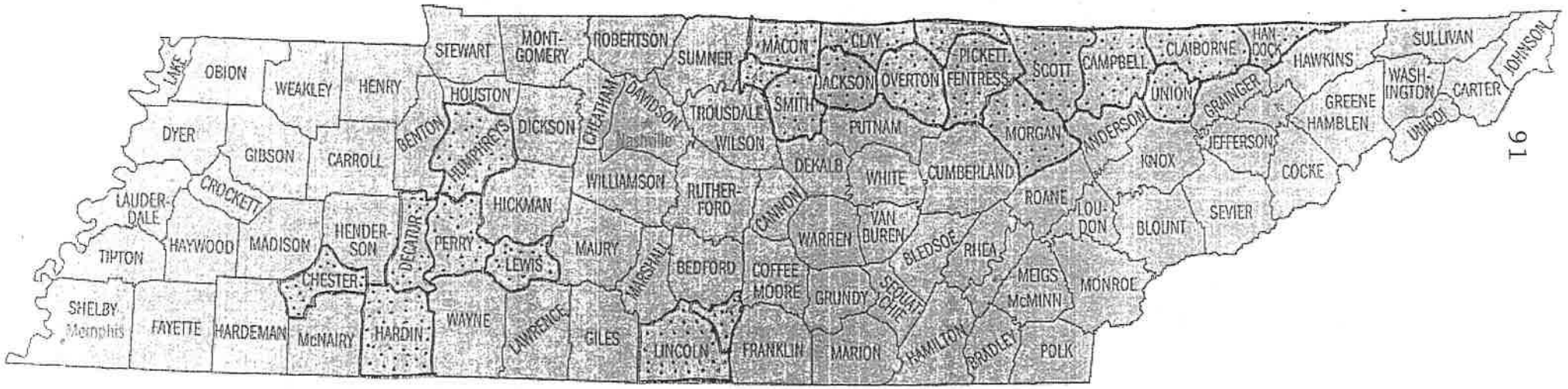
Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics. *Death Statistical System, 2011-2012. Nashville, Tennessee.*
2011-2012 JAR Hospice (not including Residential Hospice) data used for patient data.

Certain deaths are excluded: Accidental (including motor vehicle accidents), homicide, suicide, and infant deaths. ICD-10 Codes excluded: V01-X60, X60-X84, X85-Y09, Y85-Y86, Y87.0-Y87.1

Source: Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics.

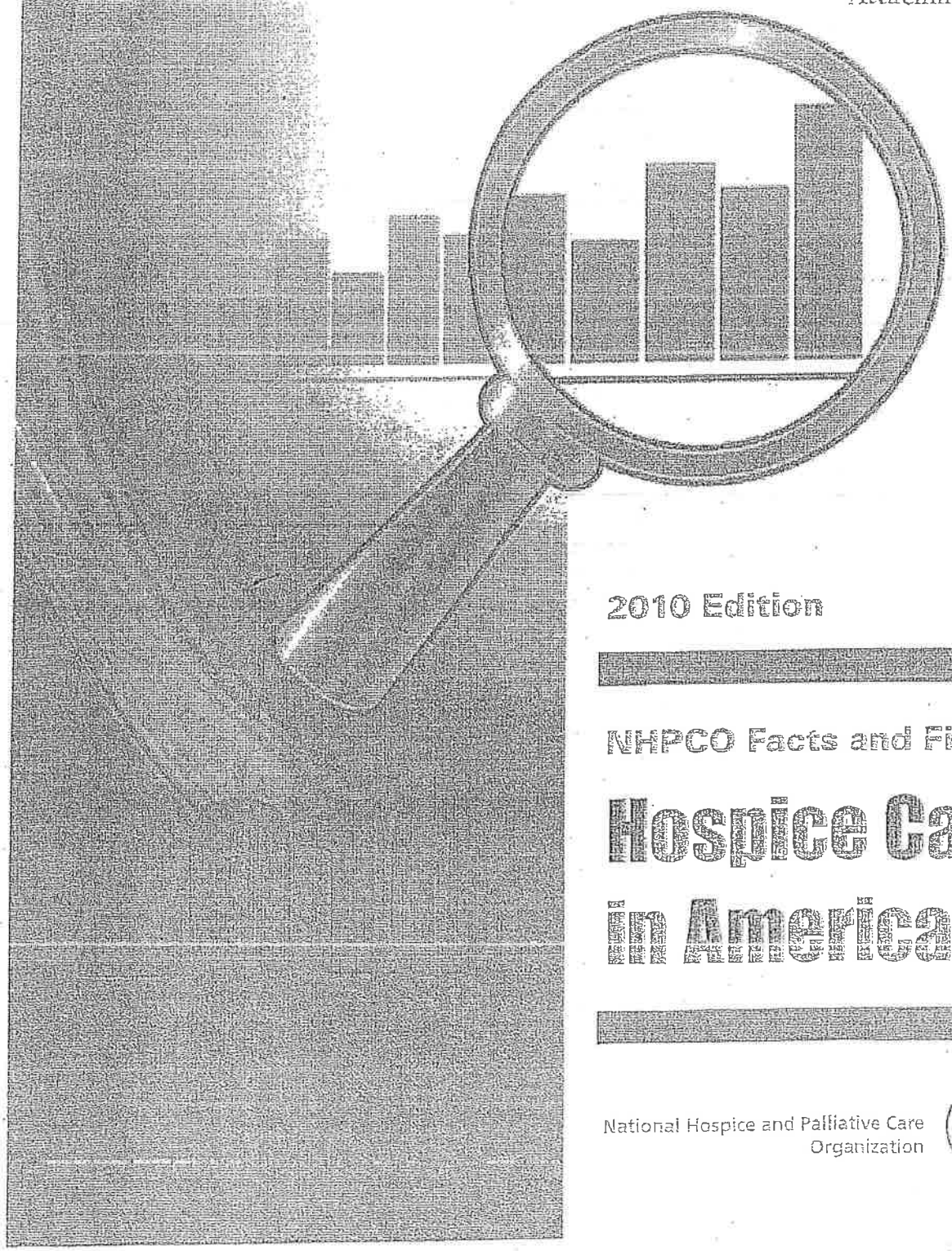
2011-2012 Hospice Rates and Projected Need

Tennessee Department of Health, Division of Policy, Planning and Assessment, Office of Health Statistics



Counties with Hospice Patient Need

Attachment B.II.C.5



2010 Edition

NHPCO Facts and Figures:

Hospice Care in America

National Hospice and Palliative Care Organization

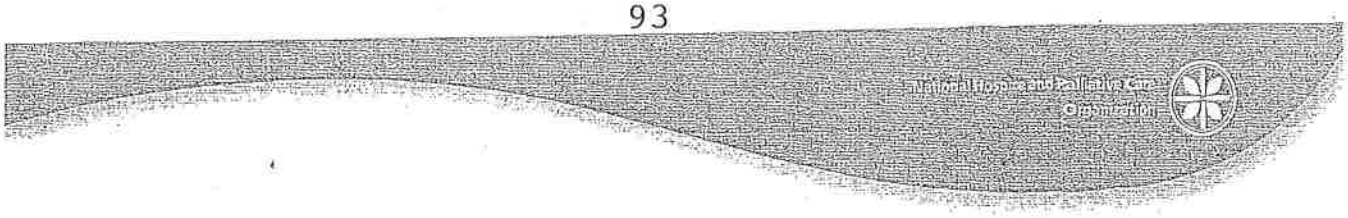


Table of Contents

About this Report

NHPCO Facts and Figures: Hospice Care in America provides an annual overview of important trends in the growth, delivery and quality of hospice care across the country. This overview provides specific information on:

- Hospice patient characteristics (e.g., gender, age, ethnicity, race, primary diagnosis, and length of service)
- Hospice provider characteristics (e.g., total patients served, organizational type, size, and tax status)
- Location and level of care
- Role of paid and volunteer staff

Please refer to "Data Sources and Methods" (page 14) or to the specific footnotes for the source information and methodologies used to derive this information. Additional resources for NHPCO members are also provided on page 15.

What is hospice care?

Considered the model for quality compassionate care for people facing a life-limiting illness, hospice provides expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Support is provided to the patient's loved ones as well.

Hospice focuses on caring, not curing. In most cases, care is provided in the patient's home but may also be provided in freestanding hospice centers, hospitals, nursing homes, and other long-term care facilities. Hospice services are available to patients with any terminal illness or of any age, religion, or race.

How is hospice care delivered?

Typically, a family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. Members of the hospice staff make regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week.

The hospice team develops a care plan that meets each patient's individual needs for pain management and symptom control. This interdisciplinary team, as illustrated in Figure 1 below, usually consists of the patient's personal physician, hospice physician or medical director, nurses, home health aides, social workers, bereavement counselors, clergy or other spiritual counselors, trained volunteers, and speech, physical, and occupational therapists, if needed.

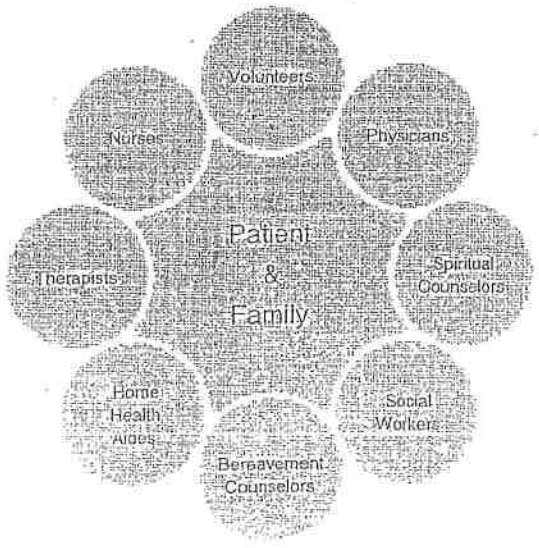


Figure 1. Interdisciplinary team

Who Receives Hospice Care?

How many patients receive care each year?

In 2009, an estimated 1.56 million patients received services from hospice (Figure 2). This estimate includes:

- 1,020,000 patients who died under hospice care in 2009
- 294,000 who remained on the hospice census at the end of 2009 (known as "carryovers")
- 243,000 patients who were discharged alive in 2009 for reasons including extended prognosis, desire for curative treatment, and other reasons (known as "live discharges").

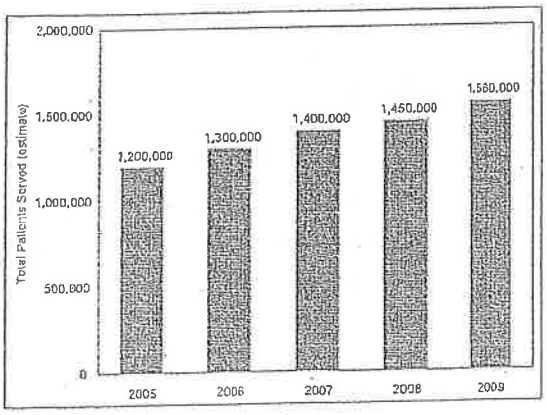


Figure 2. Total Hospice Patients Served by Year

Figure 3. Hospice Utilization in U.S.

What proportion of U.S. deaths is served by hospice?

The percent of U.S. deaths served by hospice is calculated by dividing the number of deaths in hospice (as estimated by NHPCO) by the total number of deaths in the U.S. as reported by the Centers for Disease Control and Prevention. For 2009, NHPCO estimates that approximately 41.6% of all deaths in the United States were under the care of a hospice program (Figure 3).

How long do most patients receive care?

The total number of days that a hospice patient receives care is referred to as the length of service (or length of stay). Length of service can be influenced by a number of factors including disease course, timing of referral, and access to care.

The median (50th percentile) length of service in 2009 was 21.1 days, a slight decrease from 21.3 in 2008. This means that half of hospice patients received care for less than three weeks and half received care for more than three weeks. The average length of service decreased from 69.5 days in 2008 to 69.0 in 2009 (Figure 4).[1]

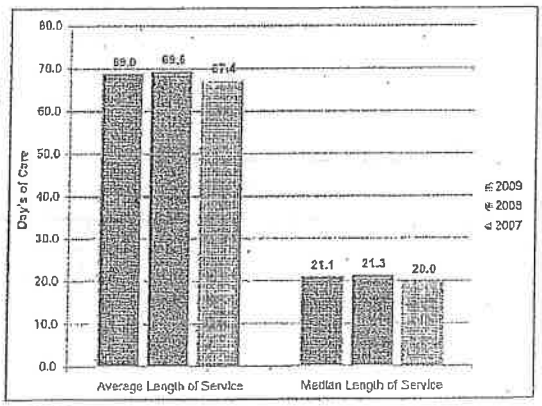


Figure 4. Length of Service by Year

Short and Long Lengths of Service

In 2009, a slightly smaller proportion of hospice patients (approximately 34.4%) died or were discharged within seven days of admission when compared to 2008 (35.4%). However, a slightly larger proportion of patients died or were discharged within 14 days of admission when compared to 2008 (48.5% and 48.4% respectively). Fewer patients remained under hospice for longer than 180 days (11.8% in 2009 compared to 12.1% in 2008). This trend toward shorter lengths of service is consistent over the past several years.

Impact of Hospice Care on Survival

Hospice and palliative care may prolong the lives of some terminally ill patients. In a 2007 study, the mean survival was 29 days longer for hospice patients than for non-hospice patients.[2] In other words, patients who chose hospice care lived an average of one month longer than similar patients who did not choose hospice care. Longer lengths of survival were found in four of the six disease categories studied. The largest difference in survival between the hospice and non-hospice cohorts was observed in congestive heart failure patients where the mean survival period jumped from 321 days to 402 days. The mean survival period was also significantly longer for hospice patients with lung cancer (39 days) and pancreatic cancer (21 days), while marginally significant for colon cancer (33 days).

In a 2010 study published in the *New England Journal of Medicine*, lung cancer patients receiving early palliative care lived 23.3% longer than those who delayed palliative treatment as is currently the standard. Median survival for earlier palliative care patients was 2.7 months longer than those receiving standard care. The study authors hypothesized that "with earlier referral to a hospice program, patients may receive care that results in better management of symptoms, leading to stabilization of their condition and prolonged survival."[3]

[1] Length of service can be reported as both an average and a median. The median, however, is considered a more meaningful measure for understanding the experience of the typical patient since it is not influenced by outliers (extreme values).

[2] Connor SR, Pyenson B, Fitch K, Spence C, Iwasaki K. Comparing hospice and nonhospice patient survival among patients who die within a three-year window. J Pain Symptom Manage. 2007 Mar;33(3):238-46.

[3] Temel JS, Greer JA, Muzikansky A, et. al. Early Palliative Care for Patients with Metastatic Non-Small-Cell Lung Cancer. N Engl J Med. 2010 Aug;363(8):733-42.

Where do most hospice patients receive care?

The majority of patient care is provided in the place the patient calls "home" (Table 1). In addition to private residences, this includes nursing homes and residential facilities. In 2009, 68.6% of patients received care at home. The percentage of hospice patients receiving care in an inpatient facility increased slightly from 21.0% to 21.2%.

Table 1. Location of Death

Location of Death	2009	2008
Patient's Place of Residence	68.6%	68.8%
Private Residence	40.1%	40.7%
Nursing Home	18.9%	22.0%
Residential Facility	9.6%	6.1%
Hospice Inpatient Facility	21.2%	21.0%
Acute Care Hospital	10.1%	10.1%

Inpatient Facilities and Residences

In addition to providing home hospice care, nearly one in five hospice agencies also operate a dedicated inpatient unit or facility. Most of these facilities are either freestanding or located on a hospital campus and may provide a mix of general inpatient and residential care. Short-term inpatient care can be made available when pain or symptoms become too difficult to manage at home, or the caregiver needs respite time.

What are characteristics of the hospice patient population?

Patient Gender

More than half of hospice patients were female (Table 2).

Table 2. Percentage of Hospice Patients by Gender

Patient Gender	2009	2008
Female	53.8%	56.6%
Male	46.2%	43.4%

Patient Age

In 2009, 83.0% of hospice patients were 65 years of age or older—and more than one-third of all hospice patients were 85 years of age or older (Table 3). The pediatric and young adult population accounted for less than 1% of hospice admissions.

Table 3. Percentage of Hospice Patients by Age

Patient Age Category	2009	2008
Less than 24 years	0.4%	0.4%
25 - 34 years	0.4%	0.5%
35 - 64 years	16.3%	15.9%
65 - 74 years	16.3%	16.2%
75 - 84 years	28.7%	29.2%
85+ years	38.0%	37.8%

Hospice Utilization in 65+ Age Group

A recent in-depth analysis[4] of all Medicare beneficiaries age 65+ who died in 2002 validated what previous, smaller studies have shown about this population: female decedents use hospice services more than their male counterparts (30% vs. 27% in 2002); white decedents use hospice services more than blacks (29% vs. 22% in 2002); and close to one in three older Americans use hospice services (28.6% in 2002).

Hospice use was also found to be higher for diseases that impose a high burden on caregivers, or diseases for which prognostic accuracy is easier to achieve. The three causes of death with the highest hospice utilization rates (malignancies, nephritis/kidney disease, and Alzheimer's disease) correspond to diseases that commonly impose high burdens of caregiving on family caregivers and/or that make it easier for decision makers to predict the time frame of death.

Patient Ethnicity and Race

Following U.S. Census guidelines, NHPCO reports Hispanic ethnicity as a separate concept from race. In 2009, five percent of patients were identified as being of Hispanic or Latino origin (Table 4)

Table 4. Percentage of Hospice Patients by Ethnicity

Patient Ethnicity	2009	2008
Non-Hispanic or Latino origin	94.7%	94.4%
Hispanic or Latino origin	5.3%	5.6%

Patients of minority (non-Caucasian) race accounted for nearly one of every five hospice patients in 2009 (Table 5).

Table 5. Percentage of Hospice Patients by Race

Patient Race	2009	2008
White/Caucasian	80.5%	81.9%
Multiracial or Other Race	8.7%	9.5%
Black/African American	8.7%	7.2%
Asian, Hawaiian, Other Pacific Islander	1.9%	1.1%
American Indian or Alaskan Native	0.2%	0.3%

Primary Diagnosis

When hospice care in the United States was established in the 1970s, cancer patients made up the largest percentage of hospice admissions. Today, cancer diagnoses account for less than half of all hospice admissions (40.1%) (Table 6). Currently, less than 25 percent of U.S. deaths are now caused by cancer, with the majority of deaths due to other terminal diseases.[5]

The top four non-cancer primary diagnoses for patients admitted to hospice in 2009 were debility unspecified (13.1%), heart disease (11.5%), dementia (11.2%), and lung disease (8.2%).

[4] Connor SR, Elwert F, Spence C, Christakis NA. Geographic variation in hospice use in the United States in 2002. J Pain Symptom Manage. 2007 Sep;34(3):277-85. Connor SR, Elwert F, Spence C, Christakis NA. Racial disparity in hospice use in the United States in 2002. Palliat Med. 2008 Apr;22(3):205-13.

[5] Xu J, Kochanek KD, Murphy SL, Tejada-Vera B. Deaths: Final Data for 2007; National Vital Statistics Reports; vol 58 no 19. Hyattsville, MD. National Center for Health Statistics, 2010

Table 6. Percentage of Hospice Admissions by Primary Diagnosis

Primary Diagnosis	2009	2008
Cancer	40.1%	38.3%
Non-Cancer Diagnoses	59.9%	61.7%
Debility Unspecified	13.1%	15.3%
Heart Disease	11.5%	11.7%
Dementia	11.2%	11.1%
Lung Disease	8.2%	7.9%
Other	4.5%	4.4%
Stroke or Coma	4.0%	4.0%
Kidney Disease (ESRD)	3.8%	2.8%
Non-ALS Motor Neuron	1.9%	1.5%
Liver Disease	1.8%	2.1%
HIV / AIDS	0.4%	0.5%
Amyotrophic Lateral Sclerosis (ALS)	0.4%	0.4%

Who Provides Care?

How many hospices were in operation in 2009?

The number of hospice programs nationwide continues to increase — from the first program that opened in 1974 to approximately 5,000 programs today (Figure 5). This estimate includes both primary locations and satellite offices. Hospices are located in all 50 states, the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands.

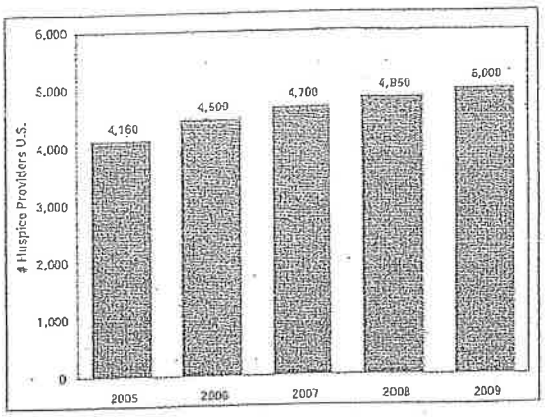


Figure 5. Total Hospice Providers by Year

Agency Type

The majority of hospices are independent, freestanding agencies (Table 7). The remaining agencies are either part of a hospital system, home health agency, or nursing home.

Table 7. Agency Type

Agency Type	2009	2008
Free Standing/Independent Hospice	57.7%	57.5%
Part of a Hospital System	21.4%	21.8%
Part of a Home Health Agency	19.5%	19.4%
Part of a Nursing Home	1.4%	1.4%

Agency Size

Hospices range in size from small all-volunteer agencies that care for fewer than 50 patients per year to large, national corporate chains that care for thousands of patients each day.

One measure of agency size is total admissions over the course of a year. In 2009, 79.4% of hospices had fewer than 500 total admissions (Table 8).

Table 8. Total Patient Admissions

Total Patient Admissions	2009	2008
1 to 49	17.1%	18.1%
50 to 150	29.4%	29.5%
151 to 500	32.9%	32.1%
501 to 1,500	16.1%	16.1%
> 1,500	4.5%	4.2%

Another indicator of agency size is daily census, which is the number of patients cared for by a hospice program on a given day. In 2009, the mean average daily census was 116.3 patients and the median (50th percentile) average daily census was 63.8 patients. Almost one quarter of providers routinely care for more than 100 patients per day (Figure 6).

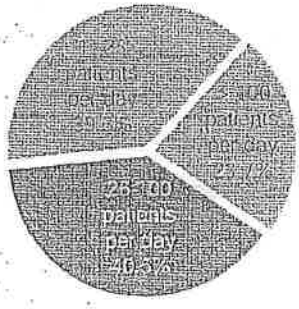


Figure 6. Average Daily Census

Organizational Tax Status

Hospice agencies are organized into three tax status categories:

1. Not-for-profit [charitable organization subject to 501(c)3 tax provisions]
2. For-profit (privately owned or publicly held entities)
3. Government (owned and operated by federal, state, or local municipality)

Based on NHPCO membership and survey data, 49.0% of providers held not-for-profit tax status and 47.0% held for-profit status in 2009 (Figure 7). Government-owned programs, such as U.S. Department of Veterans Affairs medical centers and county-run hospices, comprise the smallest percentage of hospice providers (about 4% in 2009).

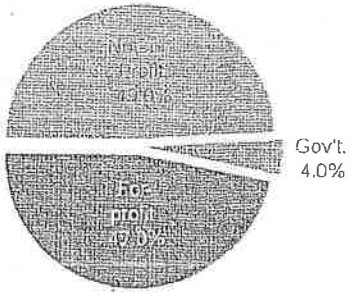


Figure 7. Tax Status Distribution

The number of for-profit Medicare-certified hospice providers has been steadily increasing over the past several years. (Figure 8). In contrast, the number of Medicare-certified not-for-profit or government providers has remained almost constant over the same period.

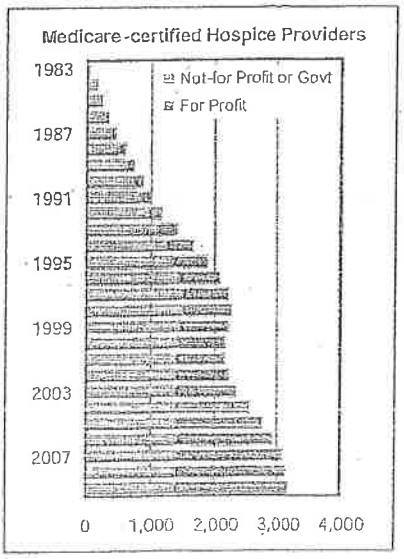


Figure 8. Growth in Medicare-Certified Hospice Providers

Who Pays for Care?

Financial concerns can be a major burden for many patients and families facing a terminal illness. Hospice care is covered under Medicare, Medicaid, and most private insurance plans and patients receive hospice care regardless of ability to pay.

Hospice Participation in Medicare

The Medicare hospice benefit, enacted by Congress in 1982, is the predominate source of payment for hospice care. The percentage of hospice patients covered by the Medicare hospice benefit versus other payment sources was 83.4% in 2009 (Table 9). The percentage of patient days covered by the Medicare hospice benefit versus other sources was 89% (Table 10).

Table 9. Percentage of Patients Served by Payer

Payer	2009	2008
Medicare Hospice Benefit	83.4%	84.3%
Managed Care or Private Insurance	8.6%	7.8%
Medicaid Hospice Benefit	4.9%	5.1%
Uncompensated or Charity Care	1.6%	1.3%
Self Pay	0.7%	0.7%
Other Payment Source	0.8%	0.8%

Table 10. Percentage of Patient Care Days by Payer

Payer	2009	2008
Medicare Hospice Benefit	89.0%	88.8%
Managed Care or Private Insurance	4.8%	5.0%
Medicaid Hospice Benefit	4.3%	4.3%
Uncompensated or Charity Care	0.9%	0.9%
Self Pay	0.4%	0.4%
Other Payment Source	0.6%	0.6%

Most hospice agencies (93.0%) have been certified by the Centers for Medicare and Medicaid Services (CMS) to provide services under the Medicare hospice benefit. In 2009, there were more than 3,400 certified hospice agencies. Figure 9 shows the distribution of Medicare-certified hospice providers by state.

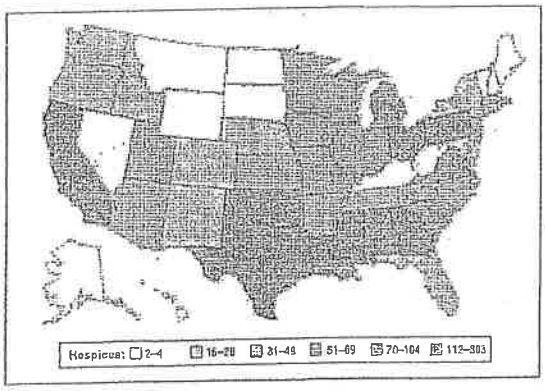


Figure 9. Medicare-Certified Hospices by State

Non-certified providers fall into two categories:

1. Provider seeking Medicare certification (e.g., a new hospice);
2. Provider not seeking certification. This group includes providers that 1) may have been formerly certified by Medicare and voluntarily dropped certification, or 2) have never been certified. The provider may have an arrangement with a home health agency to provide skilled medical services, or it may be an all-volunteer program that covers patient care and staffing expenses through donations and the use of volunteer staff.

Does hospice save money?

Findings of a major study demonstrated that hospice services save money for Medicare and bring quality care to patients with life-limiting illness and their families.[6] Researchers at Duke University found that hospice reduced Medicare costs by an average of $2,309 per hospice patient. Additionally, the study found that Medicare costs would be reduced for seven out of 10 hospice recipients if hospice was used for a longer period of time. For cancer patients, hospice use decreased Medicare costs up until 233 days of hospice care. For non-cancer patients, there were cost savings seen up until 154 days of care. While hospice use beyond these periods cost Medicare more than conventional care, the report's authors wrote that "More effort should be put into increasing short stays as opposed to focusing on shortening long ones."

How Much Care Is Received?

What services are provided to patients and families?

Among its major responsibilities, the interdisciplinary hospice team:

- Manages the patient's pain and symptoms
- Assists the patient with the emotional and psychosocial and spiritual aspects of dying
- Provides needed drugs, medical supplies, and equipment
- Instructs the family on how to care for the patient
- Delivers special services like speech and physical therapy when needed
- Makes short-term inpatient care available when pain or symptoms become too difficult to treat at home, or the caregiver needs respite time
- Provides bereavement care and counseling to surviving family and friends.

What level of care do most hospice patients receive?

There are four general levels of hospice care:

Home-based Care

1. Routine Home Care: Patient receives hospice care at the place he/she resides.
2. Continuous Home Care: Patient receives hospice care consisting predominantly of licensed nursing care on a continuous basis at home. Continuous home care is only furnished during brief periods of crisis and only as necessary to maintain the terminally ill patient at home.

Inpatient Care

3. General Inpatient Care: Patient receives general inpatient care in an inpatient facility for pain control or acute or complex symptom management which cannot be managed in other settings.
4. Inpatient Respite Care: Patient receives care in an approved facility on a short-term basis in order to provide respite for the caregiver.

[6] Taylor DH Jr, Ostermann J, Van Houtven CH, Tulsky JA, Steinhauser K. What length of hospice use maximizes reduction in medical expenditures near death in the US Medicare program? Soc Sci Med. 2007 Oct;65(7):1466-76.

In 2009, routine home care comprised the vast majority of hospice patient care days (Table 11).

Table 11. Percentage of Patient Care Days by Level of Care

Level of Care	2009	2008
Routine Home Care	95.9%	95.9%
General Inpatient Care	2.9%	2.9%
Continuous Care	1.0%	1.0%
Respite Care	0.2%	0.2%

Staffing Management and Service Delivery

Hospice team members generally provide service in one or more of the following areas:

- Direct clinical care, including patient care delivery, visits, charting, team meetings, travel, and the arrangement or coordination of care
- Non-clinical care, including administrative functions
- Bereavement services.

Hospice staff time centers on direct care for the patient and family: 69.7% of home hospice full-time equivalent employees (FTEs) and 69.6% of total FTEs were designated for direct patient care or bereavement support in 2009 (Table 12). Nursing staff continues to comprise the largest percentage of FTEs by discipline, while bereavement staff represent the smallest.

The number of patients that a clinical staff member is typically responsible for varies by discipline. In 2009, the average patient caseload for a home health aide was 9.8 patients, 10.8 patients for a nurse case manager, and 24 patients for a social worker.

Table 12. Distribution of Paid Staff FTEs

Staff Position	2009	2008
Clinical (direct patient care)	65.5%	65.3%
Nursing	30.7%	31.2%
Home Health Aides	18.1%	17.6%
Social Services	9.0%	9.1%
Physicians (excludes volunteers)	2.2%	2.1%
Chaplains	3.9%	3.4%
Other Clinical	2.1%	2.7%
Nursing (indirect clinical)	8.1%	8.2%
Non-clinical (administrative/general)	22.4%	24.2%
Bereavement	4.2%	4.2%

Volunteer Commitment

The U.S. hospice movement was founded by volunteers and there is continued commitment to volunteer service. NHPCO estimates that in 2009, 468,000 hospice volunteers provided 22 million hours of service. Hospice volunteers provide service in three general areas:

- Spending time with patients and families ("direct patient care")
- Providing clerical and other services that support patient care and clinical services ("clinical support")
- Helping with fundraising efforts and/or the board of directors ("general support").

In 2009, most volunteers were assisting with direct patient care (57.6%), 21.5% provided patient care support and 20.9% provided general support.

Hospice is unique in that it is the only provider whose Medicare Conditions of Participation requires volunteers to provide at least five percent of total patient care hours.

In 2009, 5.6% of all clinical staff hours were provided by volunteers. The typical hospice volunteer devoted 46.6 hours of service over the course of the year and patient care volunteers made an average of 18 visits to hospice patients.

Bereavement Support

There is continued commitment to bereavement services for both family members of hospice patients and for the community at large. For a minimum of one year following their loved one's death, grieving families of hospice patients can access bereavement education and support.

In 2009, for each patient death, an average of two family members received bereavement support from their hospice. This support included follow-up phone calls, visits and mailings throughout the post-death year.

Most agencies (91.9%) also offer some level of bereavement services to the community; community members account for about 18.2% of those served by hospice bereavement programs.

Assessing the Quality of Hospice Care

Table 13. Sample NHPCO Hospice Performance Measures

Performance Measure		2009	2008
Family Evaluation of Hospice Care (FEHC)			
Hospice team clearly explained plan of care.	% "Yes"	96.6%	96.5%
Rating of care patient received under care of hospice.	% "Excellent"	75.6%	75.4%
Hospice response to evening / weekend needs.	% "Excellent"	66.4%	65.9%
Family Evaluation of Bereavement Services (FEBS)			
How well services met the needs of the bereavement client.	% "Very Well"	76.9%	76.7%
End Result Outcome Measures			
Patient's pain brought to a comfortable level within 48 hoursof admission to hospice.	% "Yes"	70.5%	71.8%

A system of performance measurement is essential to quality improvement and needs to be a component of every hospice organization's quality strategy. For optimal effectiveness, performance measurement results should include internal comparisons over time as well as external comparisons with peers.

NHPCO offers multiple tested performance measures that yield useful, meaningful, and actionable data that can be used to:

- Identify components of quality care
- Discover what areas of care delivery are effective
- Target specific areas for improvement

NHPCO also provides comparative reporting of results for these performance measures as a member benefit. In addition, NHPCO is engaged in the development of new performance measures, plus ongoing refinement and enhancement of the current measures. Several examples of NHPCO measures can be found in Table 13.

Additional Statistics for NHPCO Members

National Summary of Hospice Care

Active hospice and palliative care provider members of the National Hospice and Palliative Care Organization may access additional statistics in NHPCO's *National Summary of Hospice Care*. This annual report includes comprehensive statistics on provider demographics, patient demographics, service delivery, inpatient services, and cost of care. It is provided exclusively to NHPCO members at no cost, and it can be downloaded from the National Data Set survey Web page at www.nhpco.org/nds.[7]

A partial list of summary tables includes:

- Inpatient facility statistics
  - Level of care
  - Length of service
  - Staffing
- Length of service by:
  - Agency size
  - Agency type
  - Primary diagnosis
- Palliative care services
  - Percent providing palliative consult services
  - Percent providing palliative care services at home or in an inpatient facility
  - Percent of physician hours devoted to palliative clinical care
- Patient visits
  - Visits per home care admission
  - Visits per day
  - Visits per week
- Payer mix by:
  - Agency tax status
  - Agency type
- Revenue and expenses

NHPCO Performance Measure Reports

NHPCO members also have access to national-level summary statistics for the following NHPCO performance measurement tools:

1. End Result Outcome Measures (EROM) (www.nhpco.org/outcomemeasures)
   - Pain relief within 48 hours of admission
   - Avoiding unwanted hospitalization
   - Avoiding unwanted CPR
2. Family Evaluation of Bereavement Services (FEBS) (www.nhpco.org/febs)[8]
3. Family Evaluation of Hospice Care (FEHC) (www.nhpco.org/fehc)[9]
4. Survey of Team Attitudes and Relationships (STAR)[10] (www.nhpco.org/star)
   - Job satisfaction (hospice-specific)
   - Salary ranges
   - Provider-level results

[7] A valid NHPCO member ID and password are required to access the NHPCO National Summary of Hospice Care report. This report is only available to current hospice and palliative care members of NHPCO.
[8] Participating agencies receive provider-level reports comparing their hospice's results to national estimates.
[9] Participating agencies receive provider-level reports comparing their hospice's results to national estimates and peer groups.
[10] The STAR national summary report is available for purchase by both NHPCO members and non-members through NHPCO's Marketplace.

BROOKINGS

SERIES: State of Metropolitan America | Number 34 of 64

Paper | June 28, 2011

The Uneven Aging and "Younging" of America: State and Metropolitan Trends in the 2010 Census

By: William H. Frey

America is beginning to show its age as the baby boom generation advances toward full-fledged senior-hood. But the pace of this aging will vary widely across the national landscape due to noticeable geographic shifts in the younger population, with implications for health care, transportation, and housing, and possible impacts upon our ability to forge societal consensus.

The Uneven Aging of America

An analysis of data from the 1990, 2000, and 2010 decennial censuses reveals that:

Due to baby boomers "aging in place," the population age 45 and over grew 18 times as fast as the population under age 45 between 2000 and 2010. All states and metropolitan areas are showing noticeable growth in their older and "advanced middle age" populations which, for the first time, comprise a majority of the nation's voting-age population.

Although all parts of the nation are aging, there is a growing divide between areas that are experiencing gains or losses in their younger populations. In 28 of the 50 states, and 36 of the 100 largest metro areas, the population below age 45 declined from 2000 to 2010. Yet in 29 metro areas, including Las Vegas, Orlando, Houston, and Atlanta, the under-45 population grew by at least 10 percent over the decade.

Areas experiencing the fastest senior (age 65+) growth are located in the Sun Belt, while areas with the highest concentrations of seniors are located primarily in Florida, the Northeast, and the Midwest. Yet baby boom generation "pre-seniors," now just turning 65, are growing rapidly in all areas of the country due to aging in place. College towns such as Austin, Raleigh, Provo, and Madison are among those where pre-seniors are growing fastest.

Suburbs are aging more rapidly than cities with higher growth rates for their age-45-and-above populations and larger shares of seniors. People age 45 and older represent 40 percent of suburban residents, compared to 35 percent of city residents.

Metropolitan suburbs differ sharply in the degree to which they are attracting young adults and children. The suburbs of 34 metropolitan areas, mostly in the Northeast and Midwest, registered declines in their child and under-45 populations in the 2000s, leaving high concentrations of "advanced middle aged" and older residents. An even larger number of cities experienced losses in these younger populations.

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Attachment B.II.C.6

HOMECARE & HOSPICE
National Association for Home Care & Hospice

(/mobile/)

CMS Issues Medicaid Hospice Rates for FY2014

September 13, 2013 08:52 AM

In an August 30, 2013 Memorandum to Associate Regional Administrators in the Division of Medicaid, the Centers for Medicare & Medicaid Services (CMS) issued payment rates that will govern reimbursement for Medicaid hospice services during Fiscal Year (FY) 2014. As with the Medicare rates for FY2014 (http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2766CP.pdf) issued previously, the Memorandum outlines one set of rates applicable to hospices that met quality data submission requirements of the Hospice Quality Reporting Program (HQRP) and another for those hospices that failed to submit the required quality data.

Following are the rates that will be applicable for the fiscal year beginning October 1, 2013:

Table 1: FY2014 Hospice MEDICAID Payment Rates for Hospice Providers that Have Submitted the Required Quality Data

DESCRIPTION	DAILY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON-WEIGHTED AMOUNT
Routine Home Care	$156.26	$107.37	$48.89
Continuous Home Care	$911.14 full rate=24 hours of care/$37.96 hourly rate	$626.05	$285.09
Inpatient Respite Care	$169.92	$91.98	$77.94
General Inpatient Care	$694.19	$444.35	$249.84

Table 2: FY2014 Hospice MEDICAID Payment Rates for Hospice Providers that Have NOT Submitted the Required Quality Data

DESCRIPTION	DAILY RATE	WAGE COMPONENT SUBJECT TO INDEX	NON-WEIGHTED AMOUNT
Routine Home Care	$153.19	$105.26	$47.93
Continuous Home Care	$893.22 full rate=24 hours of care/$37.22 hourly rate	$613.73	$279.49
Inpatient Respite Care	$166.57	$90.17	$76.40
General Inpatient Care	$680.54	$435.61	$244.93

The formula to apply to determine the hospice rates for a local geographic region is: Geographic Factor (from the Medicare wage index) x Wage Component Subject to Index + Non-weighted Amount.

The Medicare wage index values for FY2014 are available on CMS' Hospice Center web page (http://www.cms.gov/Center/Provider-Type/Hospice-Center.html), under Wage Index Files.

Below are the FY2014 Medicare Hospice Payment Rates for comparison.

Table 3: FY2014 MEDICARE Hospice Payment Rates Updated by the estimated Hospice Payment Update Percentage

Code	Description	FY2014 final Payment Rate	Labor Share of the final payment rate	Non-Labor share of the final payment rate
651	Routine Home Care	$156.06	$107.23	$48.83
652	Continuous Home Care Full Rate = 24 hours of care $=37.95 hourly rate	$910.78	$625.80	$284.98
655	Inpatient Respite Care	$161.42	$87.38	$74.04
656	General Inpatient Care	$694.19	$444.35	$249.84

Table 4: MEDICARE Hospice Payment Update Percentage for Hospices That DO NOT Submit the Required Quality Data

Code	Description	FY2014 final Payment Rate	Labor Share of the final payment rate	Non-Labor share of the final payment rate

651	Routine Home Care	$152.99	$105.12	$47.87
652	Continuous Home Care full Rate=24 hours of care $=37.20 hourly rate	$892.87	$613.49	$279.38
655	Inpatient Respite Care	$158.24	$85.66	$72.58
656	General Inpatient Care	$680.54	$435.61	$244.93

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Attachment B.II.C.7

CMS.gov
Centers for Medicare & Medicaid Services

Medicare Hospice Data

Medicare Hospice Data Trends: 1998 – 2009

Background

To be eligible to elect the Medicare hospice benefit, beneficiaries must be certified by their attending physician (if any) and by the hospice physician as being terminally ill with a prognosis of 6 months or less to live, should the illness run its normal course. See the "Hospice Data 1998-2009" file in the Downloads section below.

Expenditures

Expenditures for the Medicare hospice benefit have increased approximately $1 billion per year. In calendar year (CY) 1998, expenditures for the Medicare hospice benefit were $2.2 billion, while in CY 2009, expenditures for the Medicare hospice benefit were $12.1 billion [source: Health Care Information System (HCIS)].

Number of Beneficiaries

The table entitled "Top 20 Hospice Terminal Diagnoses By Number of Patients" provides a summary of hospice data from 1998 to 2009, using calendar year data from HCIS. This table shows the top 20 diagnoses for each year, based on the number of Medicare hospice patients with that diagnosis; the percentage of all Medicare patients for the year which that diagnosis represents; and the average length of stay for that diagnosis. The last row of the table provides the national total of patients for all diagnoses by year, along with the national average length of stay.

The national totals by year clearly demonstrate that Medicare hospice expenditures are growing. There were more than twice as many Medicare hospice patients in 2009 than in 1998.

Hospice Terminal Diagnoses

The table also shows that the frequency of some hospice terminal diagnoses has changed over time, with relatively fewer cancer patients and relatively more non-cancer patients as a percentage of total hospice patients. Lung cancer has been recognized as the most common diagnosis among Medicare hospice patients every year since 1998. However, in 2006 non-Alzheimer's dementia became the most common diagnosis among Medicare hospice patients. The percentage of Medicare hospice patients with lung cancer dropped from 16% in 1998 to 9% in 2009. In addition, we are seeing a notable increase in the number of neurologically-based diagnoses. We are also seeing a marked increase in non-specific diagnoses such as "Debility, Not Otherwise Specified", and "Adult Failure to Thrive".

Average Length of Stay

Along with the shift in the mix of hospice patients, there exists a significant increase in the average length of stay (LOS) for hospice patients. In 1998, the average LOS for hospice patients was 48 days, but by 2006 it had risen to 73 days (a 52% increase). Since 2006, the average LOS has begun to decline slightly, dropping to 71 days in 2009, which is a 48% increase from 1998. Charts 1 and 2 show that the average LOS varies by diagnosis. For the top twenty diagnoses in 2009, the average LOS ranged from 27 days for chronic kidney disease to 106 days for Alzheimer's disease and other degenerative conditions. While the average LOS from 1998–2009 for hospice patients with diagnoses such as chronic kidney disease or cancers has remained relatively stable, the average LOS rose significantly for most other diagnoses, thought it has recently begun to decline slightly. Charts 1 and 2 graphically demonstrate the difference in the changes in lengths of stay for cancers versus other diagnoses in the top 20 list.

Summary

More Medicare beneficiaries are taking advantage of the quality and compassionate care provided through the hospice benefit. As greater numbers of beneficiaries have availed themselves of the benefit, the mix of hospice patients has changed, with relatively fewer cancer patients as a percentage of total patients.

Note: Please refer to "Hospice Data 1998-2008" file in Downloads section below to see 1998 statistics.

Downloads

Hospice Data 1998-2009 [ZIP, 217KB]

Hospice Data 1998-2008 [ZIP, 122KB]

Page last Modified: 04/12/2013 10:53 AM

Help with File Formats and Plug-Ins

CMS.gov

A federal government website managed by the Centers for Medicare & Medicaid Services
7500 Security Boulevard, Baltimore, MD 21244


102 N Poplar St, Linden, TN 37096
Explore this area
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E School St
E School St
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Perry County Chamber Commerce
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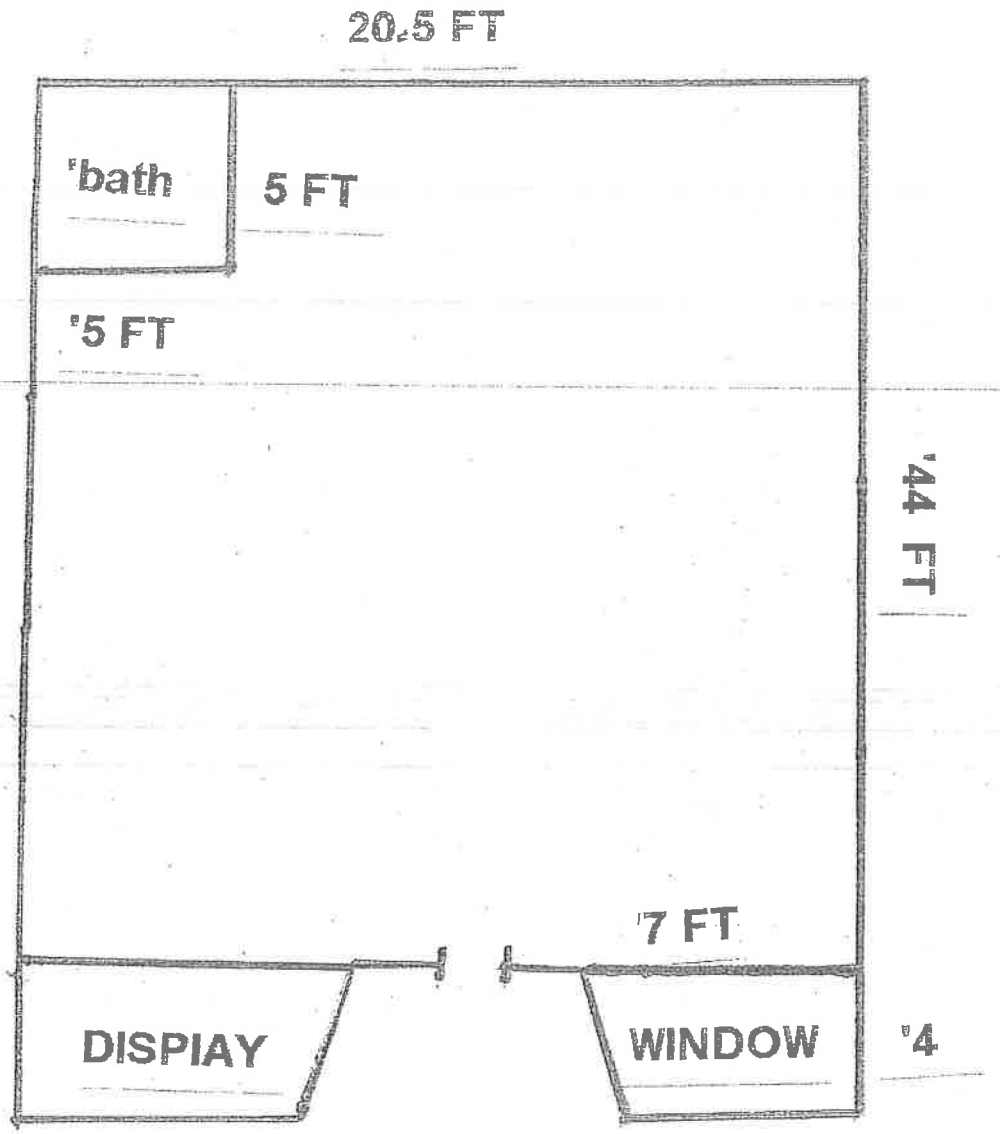
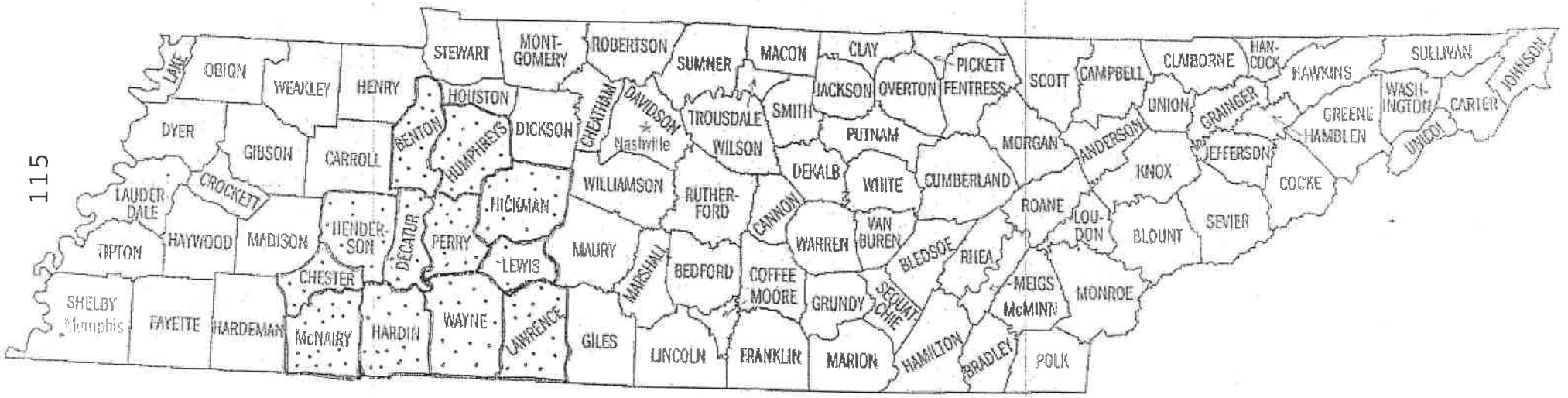


Tennessee County Map



115

Attachment C.Need.3

Demographic Variable/Geographic Area	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area	TN Total
Total Pop. 2014	16,257	17,472	11,822	26,012	28,186	24,422	18,498	42,329	12,112	26,582	8,014	16,854	248,560	6,588,698
Total Pop. 2016	16,177	17,731	11,938	26,128	28,384	24,527	18,525	42,394	12,132	26,950	8,057	16,797	249,740	6,710,579
Total Pop. % Change	-0.5%	1.5%	1.0%	0.4%	0.7%	0.4%	0.1%	0.2%	0.2%	1.4%	0.5%	-0.3%	0.5%	1.8%
65+ Pop. 2014	3,701	2,749	2,579	5,397	4,737	3,953	3,575	7,483	2,200	5,064	1,707	3,005	46,150	981,984
65+ Pop. 2016	3,805	2,855	2,603	5,650	4,998	4,201	3,703	7,757	2,330	5,301	1,824	3,113	48,140	1,042,071
65+ % change	3.3%	2.3%	-0.1%	4.2%	4.8%	5.8%	3.4%	3.5%	5.7%	3.3%	6.3%	3.9%	3.8%	6.1%
65+ Pop. As % of Total 2016	24%	16%	22%	22%	18%	17%	20%	18%	19%	20%	23%	19%	19%	16%
Median Age	41.6	34.1	41.2	39.8	37.3	36.3	39.0	36.2	37.3	39.1	39.8	37.3	[redacted]	38.0
Median Household Income	33,663	42,097	34,146	33,044	37,784	42,330	41,943	36,663	33,956	33,066	32,101	35,377	[redacted]	44,140
TennCare Enrollees	3,385	3,355	2,459	6,164	5,963	5,238	3,401	8,399	2,435	6,714	1,809	2,837	52,159	1,184,986
TennCare Enrollees as % of Total	20.8%	19.2%	20.8%	23.7%	21.2%	21.4%	18.4%	19.8%	20.1%	25.3%	22.6%	16.8%	21.0%	18.0%
Persons Below Poverty Level	3,316	2,953	2,471	5,775	4,933	3,981	2,590	7,619	2,350	6,247	1,939	3,489	47,662	1,139,845
Persons Below Poverty Level as a % of Total	20.4%	16.9%	20.9%	22.2%	17.5%	16.3%	14.0%	18.0%	19.4%	23.5%	24.2%	20.7%	19.2%	17.3%

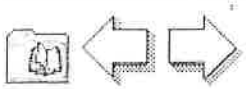
Notes: 2014 and 2016 Population Data from TDOH, Office of Policy, Planning and Assessment, Division of Health Statistics

Median Age from US Census Bureau, FactFinder (Attachment C.Need.4.a).

TennCare Enrollees from Tennessee Bureau of TennCare, Enrollees, as of December 2013.

Persons Below Poverty Level as a % of Total and Median Household Income from US Census Bureau, State and County QuickFacts, 2008-2012.

Persons below Poverty Level from (Total Population of 2014) times (Persons Below Poverty as % of Total 2008-2012).



Total all industries

BOS area 470001

Healthcare Practitioners and Technical Occupations

Occupation	Occ. code	Est. empl.	Mean wage	Entry wage	Exp. wage	25th pct	Median wage	75th pct
HEALTHCARE PRACTITIONERS AND TECHNICAL OCCUPATIONS	29-0000	9,020	54,620	28,320	67,780	31,870	42,020	59,280
			26.25	13.60	32.60	15.30	20.20	28.50
Dietitians and Nutritionists	29-1031	50	43,180	32,370	48,580	34,650	42,440	51,520
			20.75	15.55	23.35	16.65	20.40	24.75
Pharmacists	29-1051	N/A	120,220	106,040	127,300	109,920	122,490	136,470
			57.80	51.00	61.20	52.85	58.90	65.60
Family and General Practitioners	29-1062	80	186,120	94,290	232,040	122,700	183,910	**
			89.50	45.35	111.55	59.00	88.40	*
Psychiatrists	29-1066	20	188,750	169,190	198,520	165,890	178,350	**
			90.75	81.35	95.45	79.75	85.75	*
Surgeons	29-1067	N/A	N/A	N/A	N/A	N/A	N/A	N/A
			N/A	N/A	N/A	N/A	N/A	N/A
Physicians and Surgeons, All Other	29-1069	190	188,930	101,500	232,640	125,180	**	**
			90.85	48.80	111.85	60.20	*	*
Physician Assistants	29-1071	30	95,290	78,190	103,840	82,210	93,640	110,740
			45.80	37.60	49.90	39.50	45.00	53.25
Occupational Therapists	29-1122	130	86,200	66,300	96,150	73,510	86,810	101,180
			41.45	31.85	46.25	35.35	41.75	48.65
Physical Therapists	29-1123	220	92,570	70,830	103,430	75,240	91,780	107,740
			44.50	34.05	49.75	36.15	44.15	51.80
Respiratory Therapists	29-1126	150	44,330	36,120	48,440	38,300	43,660	49,750
			21.30	17.35	23.30	18.40	21.00	23.90
Speech-Language Pathologists	29-1127	170	71,900	44,090	85,810	48,870	74,400	89,990
			34.55	21.20	41.25	23.50	35.75	43.25
Veterinarians	29-1131	80	63,970	42,300	74,810	48,220	65,330	74,970
			30.75	20.35	35.95	23.20	31.40	36.05
Registered Nurses	29-1141	2,060	52,220	42,490	57,080	44,750	51,440	58,930
			25.10	20.45	27.45	21.50	24.75	28.35
Nurse Practitioners	29-1171	200	95,350	71,980	107,040	76,600	90,500	109,870
			45.85	34.60	51.45	36.85	43.50	52.80
Medical and Clinical Laboratory Technologists	29-2011	110	51,730	40,970	57,110	44,300	51,800	59,140

			24.85	19.70	27.45	21.30	24.90	28.45
Medical and Clinical Laboratory Technicians	29-2012	170	36,780	27,100	41,620	31,810	39,090	43,910
			17.70	13.05	20.00	15.30	18.80	21.10
Dental Hygienists	29-2021	190	48,950	34,270	56,300	36,050	48,060	60,000
			23.55	16.50	27.05	17.35	23.10	28.85
Diagnostic Medical Sonographers	29-2032	60	49,220	37,090	55,280	42,790	49,920	57,080
			23.65	17.85	26.60	20.55	24.00	27.45
Nuclear Medicine Technologists	29-2033	10	60,690	52,010	65,030	53,000	59,360	68,440
			29.20	25.00	31.25	25.50	28.55	32.90
Radiologic Technologists and Technicians	29-2034	240	41,770	33,860	45,730	35,520	41,010	46,940
			20.10	16.30	22.00	17.10	19.70	22.55
Emergency Medical Technicians and Paramedics	29-2041	620	33,230	24,920	37,390	26,410	30,660	38,130
			16.00	12.00	18.00	12.70	14.75	18.35
Dietetic Technicians	29-2051	90	24,400	18,580	27,310	20,020	22,570	26,960
			11.75	8.95	13.15	9.65	10.85	12.95
Pharmacy Technicians	29-2052	640	27,540	20,930	30,850	22,910	27,010	30,910
			13.25	10.05	14.85	11.00	13.00	14.85
Respiratory Therapy Technicians	29-2054	10	36,160	32,590	37,940	32,250	34,920	37,590
			17.40	15.65	18.25	15.50	16.80	18.05
Surgical Technologists	29-2055	80	31,710	27,820	33,650	27,270	29,750	35,490
			15.25	13.40	16.20	13.10	14.30	17.05
Veterinary Technologists and Technicians	29-2056	60	25,430	22,090	27,100	22,310	24,650	28,050
			12.20	10.60	13.05	10.75	11.85	13.50
Licensed Practical and Licensed Vocational Nurses	29-2061	1,980	34,610	29,700	37,060	31,330	34,600	37,870
			16.65	14.30	17.80	15.05	16.65	18.20
Medical Records and Health Information Technicians	29-2071	150	31,300	22,400	35,750	23,820	29,760	36,550
			15.05	10.75	17.20	11.45	14.30	17.55
Opticians, Dispensing	29-2081	60	28,150	21,330	31,560	22,790	26,480	29,480
			13.55	10.25	15.15	10.95	12.75	14.15

Entry and Experienced wages represent the mean of the lower third and the mean of the upper two-thirds of the wage distribution respectively. The OES survey does not collect information for entry or experienced workers. Tennessee Department of Labor & Workforce Development, Employment Security Division, Labor Market Information. Publish date June 2013.

Total all industries

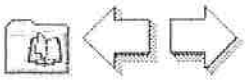
BOS area 470001

Healthcare Support Occupations

Occupation	Occ. code	Est. empl.	Mean wage	Entry wage	Exp. wage	25th pct	Median wage	75th pct
HEALTHCARE SUPPORT OCCUPATIONS	31-0000	4,970	23,250	16,730	26,500	18,150	21,020	23,860
			11.20	8.05	12.75	8.75	10.10	11.45
Home Health Aides	31-1011	600	20,460	17,310	22,030	18,890	21,110	22,830
			9.85	8.30	10.60	9.10	10.15	11.00
Psychiatric Aides	31-1013	240	N/A	N/A	N/A	N/A	N/A	N/A
			N/A	N/A	N/A	N/A	N/A	N/A
Nursing Assistants	31-1014	2,750	19,650	16,740	21,110	17,400	19,470	22,270
			9.45	8.05	10.15	8.35	9.35	10.70
Occupational Therapist Assistants	31-2011	70	56,860	43,060	63,760	50,180	59,730	68,040
			27.35	20.70	30.65	24.15	28.70	32.70
Physical Therapist Assistants	31-2021	210	58,440	48,420	63,450	50,860	58,790	67,560
			28.10	23.30	30.50	24.45	28.25	32.50
Physical Therapist Aides	31-2022	50	22,400	18,900	24,150	20,090	22,180	24,340
			10.75	9.10	11.60	9.65	10.65	11.70
Dental Assistants	31-9091	290	27,760	19,900	31,690	21,090	23,900	33,850
			13.35	9.55	15.25	10.15	11.50	16.25
Medical Assistants	31-9092	410	23,280	18,480	25,680	19,980	23,010	26,830
			11.20	8.90	12.35	9.60	11.05	12.90
Medical Equipment Preparers	31-9093	20	27,850	21,820	30,870	22,900	27,570	32,890
			13.40	10.50	14.85	11.00	13.25	15.80
Medical Transcriptionists	31-9094	60	26,750	21,690	29,280	23,110	26,620	29,750
			12.85	10.45	14.10	11.10	12.80	14.30
Veterinary Assistants and Laboratory Animal Caretakers	31-9096	N/A	22,210	16,660	24,990	18,230	22,390	26,770
			10.70	8.00	12.00	8.75	10.75	12.85
Phlebotomists	31-9097	80	22,290	16,690	25,100	18,270	21,830	26,480
			10.70	8.00	12.05	8.80	10.50	12.75
Healthcare Support Workers, All Other	31-9099	20	37,120	27,500	41,930	32,060	38,780	43,620
			17.85	13.20	20.15	15.40	18.65	20.95

Entry and Experienced wages represent the mean of the lower third and the mean of the upper two-thirds of the

wage distribution respectively. The OES survey does not collect information for entry or experienced workers. Tennessee Department of Labor & Workforce Development, Employment Security Division, Labor Market Information. Publish date June 2013.



Total all industries

Jackson, TN MSA

Healthcare Practitioners and Technical Occupations

Occupation	Occ. code	Est. empl.	Mean wage	Entry wage	Exp. wage	25th pct	Median wage	75th pct
HEALTHCARE PRACTITIONERS AND TECHNICAL OCCUPATIONS	29-0000	5,750	58,940	29,680	73,570	34,640	45,090	59,450
			28.35	14.25	35.35	16.65	21.70	28.60
Dentists, General	29-1021	40	220,070	146,170	**	169,970	**	**
			105.80	70.30	*	81.70	*	*
Dietitians and Nutritionists	29-1031	30	43,220	29,490	50,080	31,730	41,640	53,340
			20.80	14.20	24.10	15.25	20.00	25.65
Optometrists	29-1041	20	102,450	47,400	129,980	55,340	101,530	133,070
			49.25	22.80	62.50	26.60	48.80	64.00
Pharmacists	29-1051	150	108,480	83,820	120,810	103,200	114,990	129,620
			52.15	40.30	58.10	49.60	55.30	62.30
Family and General Practitioners	29-1062	20	193,230	115,650	232,030	122,790	180,200	**
			92.90	55.60	111.55	59.05	86.65	*
Surgeons	29-1067	30	N/A	N/A	N/A	N/A	N/A	N/A
			N/A	N/A	N/A	N/A	N/A	N/A
Physicians and Surgeons, All Other	29-1069	190	249,250	220,650	**	**	**	**
			119.85	106.10	*	*	*	*
Physician Assistants	29-1071	N/A	86,260	70,670	94,050	74,530	85,400	94,230
			41.45	34.00	45.20	35.85	41.05	45.30
Occupational Therapists	29-1122	40	66,920	50,930	74,920	56,460	66,450	75,590
			32.15	24.50	36.00	27.15	31.95	36.35
Physical Therapists	29-1123	100	75,710	54,450	86,350	58,730	72,010	87,990
			36.40	26.20	41.50	28.25	34.60	42.30
Respiratory Therapists	29-1126	100	41,600	34,320	45,240	34,750	39,180	47,080
			20.00	16.50	21.75	16.70	18.85	22.65
Speech-Language Pathologists	29-1127	N/A	50,170	36,060	57,220	41,100	50,580	57,270
			24.10	17.35	27.50	19.75	24.30	27.55
Registered Nurses	29-1141	2,320	50,060	40,810	54,690	42,530	48,070	57,630
			24.05	19.60	26.30	20.45	23.10	27.70
Nurse Practitioners	29-1171	80	81,480	65,410	89,510	72,170	83,030	91,980
			39.15	31.45	43.05	34.70	39.90	44.20
Audiologists	29-1181	10	75,430	59,070	83,610	63,950	80,000	88,220

			36.25	28.40	40.20	30.75	38.45	42.40
Medical and Clinical Laboratory Technologists	29-2011	120	54,860	38,420	63,090	43,820	56,780	67,310
			26.40	18.45	30.35	21.05	27.30	32.35
Medical and Clinical Laboratory Technicians	29-2012	210	30,110	20,460	34,930	22,870	28,520	36,940
			14.50	9.85	16.80	11.00	13.70	17.75
Dental Hygienists	29-2021	60	55,440	52,220	57,050	51,440	55,400	59,370
			26.65	25.10	27.45	24.75	26.65	28.55
Cardiovascular Technologists and Technicians	29-2031	100	45,550	28,170	54,240	33,080	45,590	57,090
			21.90	13.55	26.10	15.90	21.90	27.45
Diagnostic Medical Sonographers	29-2032	50	55,050	43,150	61,000	45,820	54,710	65,020
			26.45	20.75	29.35	22.05	26.30	31.25
Nuclear Medicine Technologists	29-2033	20	67,640	55,080	73,920	58,390	67,420	75,580
			32.50	26.50	35.55	28.05	32.40	36.35
Radiologic Technologists and Technicians	29-2034	140	42,190	33,990	46,290	35,470	41,350	47,750
			20.30	16.35	22.25	17.05	19.90	22.95
Magnetic Resonance Imaging Technologists	29-2035	20	53,530	44,280	58,150	47,820	53,360	58,840
			25.75	21.30	27.95	23.00	25.65	28.30
Emergency Medical Technicians and Paramedics	29-2041	110	32,740	27,040	35,600	27,500	31,110	37,750
			15.75	13.00	17.10	13.20	14.95	18.15
Pharmacy Technicians	29-2052	130	27,610	21,430	30,710	22,300	26,200	33,070
			13.30	10.30	14.75	10.70	12.60	15.90
Surgical Technologists	29-2055	150	33,780	26,690	37,330	27,990	32,640	37,700
			16.25	12.85	17.95	13.45	15.70	18.10
Licensed Practical and Licensed Vocational Nurses	29-2061	750	32,450	25,990	35,670	27,700	32,160	37,000
			15.60	12.50	17.15	13.30	15.45	17.80
Medical Records and Health Information Technicians	29-2071	170	32,030	22,410	36,840	24,500	29,940	37,210
			15.40	10.75	17.70	11.80	14.40	17.90
Opticians, Dispensing	29-2081	N/A	29,380	17,060	35,540	18,620	27,980	40,800
			14.10	8.20	17.10	8.95	13.45	19.60

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Total all industries

Jackson, TN MSA

Healthcare Support Occupations

Occupation	Occ. code	Est. empl.	Mean wage	Entry wage	Exp. wage	Median 25th pct	Median wage	Median 75th pct
HEALTHCARE SUPPORT OCCUPATIONS	31-0000	1,920	24,370	17,880	27,610	19,420	22,470	27,400
			11.70	8.60	13.25	9.35	10.80	13.15
Home Health Aides	31-1011	240	19,520	16,840	20,850	17,440	19,570	22,260
			9.40	8.10	10.05	8.40	9.40	10.70
Nursing Assistants	31-1014	510	21,730	17,350	23,920	18,980	21,590	24,050
			10.45	8.35	11.50	9.15	10.40	11.55
Physical Therapist Assistants	31-2021	80	47,600	39,040	51,880	41,210	46,000	54,450
			22.90	18.75	24.95	19.80	22.10	26.20
Massage Therapists	31-9011	N/A	31,340	25,470	34,280	30,960	33,470	35,990
			15.05	12.25	16.50	14.90	16.10	17.30
Dental Assistants	31-9091	120	34,120	25,100	38,640	27,100	33,580	41,190
			16.40	12.05	18.60	13.05	16.15	19.80
Medical Assistants	31-9092	520	23,270	17,890	25,960	19,420	22,530	26,810
			11.20	8.60	12.50	9.35	10.85	12.90
Medical Transcriptionists	31-9094	60	32,550	26,150	35,750	27,460	32,090	37,320
			15.65	12.55	17.20	13.20	15.45	17.95
Pharmacy Aides	31-9095	50	22,930	20,070	24,360	20,530	22,440	24,470
			11.05	9.65	11.70	9.85	10.80	11.75
Veterinary Assistants and Laboratory Animal Caretakers	31-9096	N/A	24,320	22,030	25,460	21,160	22,570	23,970
			11.70	10.60	12.25	10.20	10.85	11.50
Phlebotomists	31-9097	120	22,650	17,990	24,980	19,560	22,090	25,250
			10.90	8.65	12.00	9.40	10.60	12.15
Healthcare Support Workers, All Other	31-9099	10	30,060	20,210	34,990	24,820	31,320	37,240
			14.45	9.70	16.80	11.95	15.05	17.90

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Comparable Cost Data

2013

Facility Name:	ID	Home Co.	Total Pts	Revenue	Rev. / Pt.	Per Diem
Aseracare Hospice-McKenzie	9645	Carroll	808	9,360,164	11,584	$132
Baptist Memorial HC &Hospice	9625	Carroll	53	397,535	7,501	$132
Hospice Compassus-The Highland Rim	16604	Coffee	912	7,911,662	8,675	$141
Avalon Hospice	19694	Davidson	1,415	15,912,655	11,246	$149
Caris Healthcare	19714	Davidson	837	13,903,468	16,611	$149
Caris Healthcare	24606	Fayette	210	3,172,910	15,109	$148
Henry Co. Medical Cntr Hospice	40615	Henry	152	964,784	6,347	$132
Hospice of West Tennessee	57605	Madison	813	4,580,059	5,634	$132
Tennessee Quality Hospice	57615	Madison	487	6,394,960	13,131	$132
Legacy Hospice of the South	55605	McNairy	85	983,472	11,570	$132
Magnolia Regional HCH Hospice	96600	Other	97	6,657,268	68,632	$132
Unity Hospice Care of TN, LLC	68604	Perry	147	1,758,080	11,960	$132
Volunteer Hospice	91602	Wayne	75	792,824	10,571	$132
Guardian Hospice of Nashville, LLC	94614	Williamson	234	3,090,220	13,206	$136
Willowbrook Hospice, Inc	94604	Williamson	276	3,049,575	11,049	$147
Average					**11,957**	**$137**

Source: Division of Health Statistics, 2010 JARs, Schedule D - Finances

Bank of America

P.O. Box 15284
Wilmington, DE 19850

Customer service information

1.888.BUSINESS (1.888.287.4637)

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

HOSPICE ALPHA INC
2131 MURFRESBORO PIKE STE 203A
NASHVILLE, TN 37217-6306

Your Business Interest Maximizer

for March 1, 2014 to March 31, 2014

HOSPICE ALPHA INC

Account number: 0044 4078 2382

Account summary

Beginning balance on March 1, 2014	$116,520.00
Deposits and other credits	0.00
Withdrawals and other debits	0.00
Checks	-0.00
Service fees	-0.00
Ending balance on March 31, 2014	**$116,020.00**

# of deposits/credits: 0

# of withdrawals/debits:

# of items-previous cycle[1]: 0

# of days in cycle: 31

Average ledger balance: $116,116.77

[1]*Includes checks paid,deposited items&other debits*

COPY SUPPLEMENTAL-1

Hospice Alpha, Inc.

CN1404-010

ANDERSON & BAKER
An Association of Attorneys

2021 RICHARD JONES ROAD, SUITE 120
NASHVILLE, TENNESSEE 37215-2874

ROBERT A. ANDERSON
Direct: 615-383-3332
Facsimile: 615-383-3480

E. GRAHAM BAKER, JR.
Direct: 615-370-3380
Facsimile: 615-221-0080

May 30, 2014

Phillip Earhart
Health Services Examiner
Tennessee Health Services & Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Supplemental Information: Certificate of Need Application CN1404-010
Hospice Alpha, Inc.

Dear Phillip:

Enclosed are three (3) copies of responses to your supplemental questions regarding the referenced Certificate of Need application. If you have any additional questions, please contact me.

Sincerely,

E. Graham Baker, Jr.
/np

Enclosures as noted

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

AFFIDAVIT

STATE OF TENNESSEE
COUNTY OF DAVIDSON

NAME OF FACILITY: Hospice Alpha, Inc. (CN1404-010)

I, E. Graham Baker, Jr., after first being duly sworn, state under oath that I am the applicant named in this Certificate of Need application or the lawful agent thereof, that I have reviewed all of the supplemental information submitted herewith, and that it is true, accurate, and complete to the best of my knowledge, information and belief.

E. Graham Baker, Jr. Attorney at Law
Signature/Title

Sworn to and subscribed before me, a Notary Public, this 30th day of May, 2014; witness my hand at office in the County of Davidson, State of Tennessee.

NADEAN E. POTEET
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

NOTARY PUBLIC
My Commission expires July 5, 2017

1. Section A, Applicant Profile, Item 6

The lease ending October 1, 2014 is noted. Please indicate the location in the document where the lease is renewable past this date.

Response: *Attachment A.6.*, page 4, paragraph 9, "Termination/Holding Over" where it states:

> "Any Holding Over by the Tenant of the Property after the expiration of this Lease shall operate and be construed as a tenancy from month to month only with Base Rent in an amount equal to 100% of the Base Rent payable in Paragraph 3 herein."

A month to month tenancy confers to the Tenant the right to occupy the premises until terminated by either party. Further, the parties (Landlord and Tenant) have the contractual right to enter into another lease at any time.

As a result of the terms of the lease, the Applicant (Tenant) has control of the property through the anticipated hearing date for this project, and as a result of the explanation given above, the Applicant (Tenant) has a legal right to extend the existing lease until termination and/or renegotiate a new lease with the Landlord.

2. **Section A, Applicant Profile, Item 12**

Please provide documentation that clarifies what hospice services are required to be provided by a hospice provider for Medicare participation.

Response: This documentation was provided on the front page of *Attachment B.II.C.2*, which states, in part:

> "**HOSPICE** According to Title 18, Section 1861 (dd) of the Social Security Act, the term 'hospice care' means the following items and services provided to a terminally ill individual by, or by others under arrangements made by, a hospice program under a written plan (for providing such care to such individual) established and periodically reviewed by the individual's attending physician and by the medical director (and by the interdisciplinary group described in paragraph (2)(B) of the program –
>
> (A) nursing care provided by or under the supervision of a registered professional nurse,
> (B physical or occupational therapy, or speech-language pathology services,
> (C) medical social services under the direction of a physician,
> (D) (i) services of a home health aide who has successfully completed a training program approved by the Secretary and (ii) homemaker services,
> (E) medical supplies (including drugs and biologicals) and the use of medical appliances, while under such plan,
> (F) physicians' services,
> (G) short-term inpatient care (including both respite care and procedures necessary for pain control and acute and chronic symptom management) in an inpatient facility meeting such conditions as the Secretary determines to be appropriate to provide such care, but such respite care may be provided only on an intermittent, nonroutine, and occasional basis and may not be provided consecutively over longer than five days,
> (H) counseling (including dietary counseling) with respect to care of the terminally ill individual and adjustment to his death, and
> (I) any other item or service which is specified in the plan and for which payment may otherwise be made under this title.
>
> The care and services described in subparagraphs (A) and (D) may be provided on a 24-hour, continuous basis only during periods of crisis (meeting criteria established by the Secretary) and only as necessary to maintain the terminally ill individual at home."

3. Section B, Project Description, Item I

Please clarify if the applicant will provide perinatal and pediatric hospice services.

Response: As there is no requirement for such, the Applicant will not provide these services.

Please provide a brief description of the ownership structure of the applicant.

Response: Hospice Alpha, Inc. is 100% owned by Beatrice Nkoli Mbonu, 5008 Chadfield Way, Antioch (Davidson County), Tennessee 37013.

Please include the applicant's bio and experience in operating an in-home hospice.

Response: The Owner of the Applicant currently operates a hospice in Houston, Texas, and also operates a nurse staffing company in Nashville, Tennessee. The hospice in Texas is accredited by Community Health Accreditation Program ("CHAP"), and is recognized by CMS.

Please provide a brief description of the funding for the proposed project.

Response: The Applicant has set up a bank account with Bank of America, and funded that account with an initial deposit of $116,020.00. A copy of the latest bank statement showing that amount was included as *Attachment C.EF.10.*

What does the applicant plan to provide directly and what by contractual agreement?

Response: All of the services required for Medicare participation will be provided, as previously described in the original application, *Attachment B.II.C.2* and replicated in response to Supplemental Question #2. The following services from that list will be provided directly by the Applicant's staff: (A) nursing care; and (D) home health aide care. All other required services will be provided under contract.

4. Section B. Project Description, Item II.A.

The article located in attachment B.II.C.7 is noted. Please provide a copy of the the 2 charts referenced in the article.

Response: Please see *Supplemental B.II.C.7.*

5. Section B. Project Description, Item II.C.

The applicant believes the hospice penetration rate for the service area would be higher with increased education to the general public. Please provide details of the education provided to the public by the applicant that would increase hospice services.

Response: There is a documented unmet need for hospice care in the total service area. This indicates that either there is a resistance by the general public for hospice care or the general public is not aware of how hospice care improves the quality of life for terminally ill patients. Either way, there is a need to increase the educational awareness for hospice care of the general public.

The Applicant will train nursing staff to conduct educational presentations on hospice care at area facilities such as nursing homes, homes for the aged, ambulatory living facilities, senior citizen centers, etc. In addition, these nurses will make appointments to interact with area physicians to ensure these physicians are not only active participants in the plan of care for terminally ill patients, but also that they understand the hospice services available with our agency.

On page 19 of the application, there is a list of 4 hospices approved by the Agency within the last 6 years. Please clarify if there were any conditions placed by the Agency on any of the listed CONs.

Response: The HSDA Communique lists the actions taken on projects, by month. It is unknown if any conditions were placed on these applications. The Communique did report that the approved service area of one project was less than what was requested in the application, if that constitutes a "condition." Further, any condition placed on these four applications would appear to have no impact on the Applicant, due to the fact that the service areas of these four projects are far away from the Applicant's proposed service area. In any event, following is a replication of what was contained in the HSDA Communique for each of the 4 hospices:

1. **Hancock County Home Health Agency**, 147 Court Street, Sneedville (Hancock County), TN 37869, CN0812-121, Contact Person: Jerry W. Taylor, Esq., Phone No. 615-726-1200
APPROVED

The addition of three (3) counties to the existing licensed home health service area of Hancock County. The requested additional counties are: Claiborne, Grainger and Hawkins. The application also seeks to establish a hospice agency to provide hospice services in Claiborne, Grainger, Hancock and Hawkins counties. The home health agency and the hospice agency will be separately licensed. The office is located at 147 Court Street, Sneedville (Hancock County), TN 37869.
$ 35,000.00

2. A Touch of Grace Hospice of Nashville, LLC, 545 Mainstream Drive, Suite 408, Nashville (Davidson County), TN 37228, CN0902-005, Contact Person: Jennifer Moore, PhD.
Phone No. 312-731-7731
APPROVED

The provision of hospice services in Davidson County with a particular focus on the underserved and un-served populations. The home office being located at 545 Mainstream Drive, Suite 408, Nashville (Davidson County), TN 37228
$ 168,900

3. All Care Plus, Inc. d/b/a Quality Hospice, 101 Duncan Street, Suite 101-B Jamestown (Fentress County), TN 38556, CN1111-044, Contact Person: E. Graham Baker, Jr., Esq., Phone: 615-370-3380
APPROVED for the following counties: Clay, Fentress, Jackson, Morgan, Overton, Pickett & Scott

The establishment of a home care organization and the initiation of hospice services to be located at 101 Duncan Street, Suite 101-B, Jamestown (Fentress County), Tennessee serving Clay, Cumberland, Fentress, Jackson, Morgan, Overton, Pickett, Putnam, Scott, Van Buren, Warren and White counties.
$ 60,000.00

4. Hearth, LLC, 1800-A Rossville Avenue, Suite 7, Chattanooga (Hamilton County), TN 37408-1912, CN1203-015, Contact Person: E. Graham Baker, Jr., Esq., Phone No.: 615-370-3380
APPROVED

The establishment of a home care organization to provide hospice services serving Bledsoe, Bradley, Hamilton, McMinn, Marion, Meigs, Polk, Rhea and Sequatchie Counties located at 1800A Rossville Avenue, Suite 7, Chattanooga (Hamilton County), TN, 37408-1912.
$ 487,000.00

6. Section B, Project Description Item III.A. (Plot Plan)

Please indicate the size of the site on the plot plan and resubmit.

Response: Please see *Supplemental B.III.*

7. **Section B, Project Description, Item IV (Floor Plan)**
The proposed hospice office is 902 sq. Please clarify if the proposed site is large enough to store medical records, accommodate staff, desks, etc.

Response: Yes. It is important to note that most of the staff members of a hospice do not normally maintain an office presence – they are in the homes of hospice patients most of the day.

8. Section C, Need, Item 1. (Service Specific Criteria-Hospice Services)

1. Adequate Staffing

Please describe the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization. Please describe how the applicant will meet those guidelines.

Response: The National Hospice and Palliative Care Organization (NHPCO) staffing guidelines are organized into four sections.

- Section 1 contains background about the original 1994 guidelines as well as a key table (Hospice Home Care Staffing Guidelines Analysis) that delineates the factors an agency should use to compare their hospice's characteristics (e.g. length of stay) with median hospice characteristics from NHPCO's National Data Set.

- Section II contains the actual "Staffing Guidelines Analysis Worksheet" that the agency will fill out as they conduct the analysis to determine the staffing caseloads needs for their hospice, based on 11 specific factors, Step-by-step instructions are also provide to help the agency complete both the Analysis and the Worksheet.

- Section III provides three different hospice-program "case scenarios" for illustrative purposes.

- Section IV provides a glossary of the terms used in the document.

The applicant will utilize all the information described in the four sections of NHPCO staffing guidelines beginning with the following steps:

- Analysis our care delivery models, or other models needed,
- Review characteristics of our patient population,
- Review the Environmental issues and
- Unique circumstances of our hospice program.

2. Community Linkage Plan

Please provide a community linkage plan that demonstrates factors such as, but not limited to relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems.

Response: The Applicant will seek relationships with agencies from which patients might be referred (hospitals, nursing homes, assisted living facilities, other hospice agencies), and with other agencies to which the Applicant might refer patients (hospitals, nursing homes, assisted living facilities, other hospice agencies).

Please provide letters from physicians in support of the application that details specific instance of unmet need.

Response: Please see attached physician letters of support (*Supplemental C.Need.1*).

4. **Access**

Please describe any instances of limited access to hospice services in the proposed service area.

Response: The six counties of our proposed service area that show an unmet need have limited access to hospice services.

5. **Indigent Care**

Please address and respond to the areas (a-c) in this standard.

Response:

a. The Applicant will seek relationships with agencies from which patients might be referred (hospitals, nursing homes, assisted living facilities, other hospice agencies), in order to conduct outreach and educational efforts about hospice services, including providing services for the indigent and/or charity care.

b. The Applicant will contact Community Centers, Rotary Club, Lions Club and other entities that might have available space to conduct these educational gatherings.

c. Details of how the Applicant plans to fundraise in order to provide indigent and/or charity care is outlined in the "Memorial Fund Policy" below:

SUBJECT: HOSPICE MEMORIAL FUND

Policy:.

A Hospice Memorial Fund is maintained from donations to the hospice. The purpose of this fund is to provide assistance for individuals not able to meet the cost of hospice care and to promote improved patient care specific requests to provide community education, volunteer activities and equipment for hospice care may be honored. This fund is also used to support fund raising activities with the goal of increasing community awareness and generating additional memorial fund dollar.

- Up to $5,000.00 can be utilized for direct patient care with approval by the Hospice Administrator.

- Up to $1,000.00 can be utilized for indirect patient care with approval by the Hospice Administrator.

- The Administrator may approve amounts up to $5,000.00 for budgeted expenses.

Grants from the fund for long-term patient care needs, equipment, or educational purposes and amounts over authorized levels will be approved by the Governing Body and made according to specific requests with stated maximum amounts.

Quarterly, all memorial fund expenses will be reviewed by a task force consisting of individuals from the Governing Body, the Administrator and the Patient Care Director.

Procedure:

1) Donations

   a. Donations received by the Hospice office will be tracked.
   b. An acknowledgment is sent to donor using hospice stationery.
   c. Checks given to the Hospice Program are deposited minimally 2 times per week and a receipt is kept in the Hospice Office.

2) Direct Patient Care

   a. The Administration may access Memorial fund for immediate direct patient care needs.
   b. Financial need will be substantiated by financial analysis.
   c. The appropriate Hospice Team member will be informed of approved usage of Memorial fund.

3) Grants

   a. Grant request to assist with indirect patient care may be made by any patient or patient's family through one of the Hospice Interdisciplinary Team Members. This request should include:

      i. Financial analysis by social worker.
      ii. Type of request, i.e., balance of non-covered care such as co-insurance or deductible or utility bills, funeral arrangements.
      iii. The estimated total dollar amount.

   b. The Hospice Administrator has final responsibility for approving or declining the written application for funds.
   c. The Support Services Manager or Social Worker informs the patient and/or family of decision.

d. Grant is applied as approved.

6. **Quality Control and Monitoring**

Please identify and document the applicant's proposed plan for data reporting, quality improvement, and outcome and process monitoring system.

Response: The Applicant will participate as required in Quality Data Collection and Submission to CMS. Regulation has changed the requirements for the hospice quality reporting program by discontinuing currently reported measures and implementing a Hospice Item Set (HIS) with seven National Quality Forum (NFQ) endorsed measures beginning July 1, 2014. The HIS is a set of data elements that can be used to calculate 7 quality measures – 6 NQF-endorsed measures and 1 modified NQF – endorsed measure:

- NQF #1641 – Treatment Preferences
- Modified NQF #1647- Beliefs/Values Addressed
- NQF #1634 & NQF #1637 – Pain Screening and Pain Assessment
- NQF #1639 & NQF #1638 – Dyspnea Screening and Dyspnea Treatment
- NQF #1617 – Patients Treated with an Opioid who are Given a Bowel Regimen

The Applicant has policies and procedures in place to meet the requirements of the Quality Data Collection and Submission to CMS. The Applicant will begin using the HIS for all patients beginning July 1, 2014. The HIS will be electronically completed and submitted to CMS on an ongoing basis.

Please clarify if the applicant intends to be fully accredited by The Joint Commission or other accrediting body.

Response: Accreditation will be pursued after our requested hospice has been operating for several months.

8. **Education**

Please provide details of the applicant's plan to educate service area providers and others in the community about the need for timely referral of hospice patients.

Response: There is a documented unmet need for hospice care in the total service area. This indicates that either there is a resistance by the general public for hospice care or the general public is not aware of how hospice care improves the quality of life for terminally ill patients. Either way, there is a need to increase the educational awareness for hospice care of the general public.

The Applicant will train nursing staff to conduct educational presentations on hospice care at area facilities such as nursing homes, homes for the aged, ambulatory living facilities, senior citizen centers, etc. In addition, these nurses will make appointments to interact with area physicians to ensure these physicians are not only active participants in the plan of care for terminally ill patients, but also that they understand the hospice services available with our agency.

12. Types of Care

Please explain why Alpha seeks to become a hospice provider but does not want to provide all levels of care.

Response: The Applicant will provide all levels of care required by Medicare.

Please describe the routine hospice care the applicant will provide.

Response: All of the services required for Medicare participation will be provided, as previously described in the original application, *Attachment B.II.C.2* and replicated in response to Supplemental Question #2. The following services from that list will be provided directly by the Applicant's staff: (A) nursing care; and (D) home health aide care. All other required services will be provided under contract.

Do state licensure and federal certification regulations permit a hospice to provide less than all four levels of care? If so, please provide documentation (such as the citation from licensure or certification regulation, reference from the Social Security Act, interpretive guidance or reimbursement manual).

Response: The Applicant will provide all levels of care required by Medicare.

If a patient requires a level of care not provided by Alpha, will the patient be discharged or will Alpha contract with another hospice to provide that care? How will Alpha minimize harm or disruptions in care to the patient?

Response: All of the services required for Medicare participation will be provided, as previously described in the original application, *Attachment B.II.C.2* and replicated in response to Supplemental Question #2. The following services from that list will be provided directly by the Applicant's staff: (A) nursing care; and (D) home health aide care. All other required services will be provided under contract.

9. **Service Area**

The applicant response to the proposed hospice service area standard is noted. However, please complete the following chart to evaluate if the proposed service area counties qualify as a service area county according to current state health plan criterion and standards:

County	2012 Penetration Rate	2012 State Penetration Rate (80%)	Is county percentage less than 80% of the Statewide Median Hospice Penetration Rate? Yes/No	Per the State Health Plan, does county qualify to be included in service area? Yes/No
Benton	0.430	0.367	No	No
Chester	0.346	0.367	Yes	Yes
Decatur	0.298	0.367	Yes	Yes
Hardin	0.319	0.367	Yes	Yes
Henderson	0.406	0.367	No	No
Hickman	0.435	0.367	No	No
Humphreys	0.340	0.367	Yes	Yes
Lawrence	0.407	0.367	No	No
Lewis	0.324	0.367	Yes	Yes
McNairy	0.456	0.367	No	No
Perry	0.243	0.367	Yes	Yes
Wayne	0.398	0.367	No	No
Total for service area	0.382			

Response: See chart above. Please note that the Penetration Rates reported on our original *Attachment B.II.C.4* were sourced from the TDoH, Division of Policy, Planning and Assessment, Office of Health Statistics. Some of the numbers above may be different from what the Applicant originally submitted due to rounding errors.

10. Section C, Need, Item 4.A.

Your response to this item projecting population is two years forward is noted. Using population data from the Department of Health, enrollee data from the Bureau of TennCare, and demographic information from the US Census Bureau, please complete the following table projecting four years forward and include data for each county in your proposed service area.

Variable	*County 1*	*County 2*	*County 3*	*Service Area*	*Tennessee*
Current Year (2014), Age 65+					
Projected Year (2018), Age 65+					
Age 65+, % Change					
Age 65+, % Total (2018)					
2014, Total Population					
2018, Total Population					
Total Pop. % Change					
TennCare Enrollees					
TennCare Enrollees as a % of Total Population					
Median Age					
Median Household Income					
Population % Below Poverty Level					

Response: See *Supplemental C.Need.4.*

11. Section C, Need, Item 4.B.

Your response including medically underserved areas in the proposed service area is noted. However, please indicate if any of the 12 proposed service area counties has a cancer rate higher than the most recent state average.

Response: According to the "State Health Plan, Certificate of Need Standards and Criteria for Residential Hospice Services and Hospice Services," cancer rates are already considered in the need formula.

Please indicate if there are any other special needs of the proposed service area population.

Response: The special needs that were pointed out in the application are the special needs of the proposed service area population, being:

1. Please see *Attachment B.II.C.4*, which is a multipage attachment. This attachment contains three items: (1) the aforementioned projected need chart prepared by the TDOH; (2) a map of Tennessee showing all of those counties which have an existing need for hospice care; and (3) a map/chart page indicating our total projected service area with those counties showing a need marked in lines, and a chart showing our total service area, but with those counties showing a need shaded on the chart. The purpose of this multipage attachment is to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. There are 6 counties in our proposed service area that show an actual need for more hospice care, and another 6 counties that do not. However, the Applicant believes that the "overutilization" in the counties that do not show additional need is so small when compared to the need to have a coterminous service area. The State Health Plan states that the proposed service area for in-home hospice services should be a "…reasonable area…." and

2. All or part of each of these 12 counties are medically underserved areas, as follows:

Benton	All of the County
Chester	All of the County
Decatur	All of the County
Hardin	All of the County
Henderson	All of the County
Hickman	All of the County
Humphreys	Part of the County
Lawrence	All of the County
Lewis	All of the County
McNairy	All of the County
Perry	All of the County
Wayne	All of the County

See *Attachment B.II.C.4.a* for the medically underserved areas in our proposed service area.

12. Section C, Need, Item 5.

The applicant states hospice patients served in the proposed service area was 716 in 2010 increasing to 1,172 in 2013. This is a 63.8% increase. Why was there an increase of over 63% in hospice patients during this period of time?

Response: More patients received hospice care in 2013 than in 2010.

The applicant projects to serve 60 patients in Year 1 and 85 patients in Year 2 of the proposed project. Please complete the following table reflecting the distribution of patients in the twelve county service area in the first two years of the project:

County	Year 1 Projected Patients	Year Two Projected Patients	2011-2012 TDH Projected Need/Surplus at 85% penetration rate
Benton	2	3	-9
Chester	4	7	7
Decatur	9	18	13
Hardin	12	23	23
Henderson	2	3	-5
Hickman	2	3	-11
Humphreys	3	6	11
Lawrence	2	3	-8
Lewis	1	2	8
McNairy	2	3	-19
Perry	7	11	13
Wayne	2	3	-1
Total	48	85	22

Response: See above chart. The Applicant has re-evaluated projections and now anticipates seeing 48 patients in year 1. Please see replacement pages 9, 11, 16, 30, 33, 34, 42, and 50.

13. Section C, Need, Item 6.

Please provide documentation from referral sources to support projecting 60 patients in Year One and 85 patients in Year Two.

Response: See *Supplemental C.Need.1* for letters of support from area physicians.

The applicant states the hospice penetration rate should be higher with increased education of the general public. What type of education would the applicant provide that is not already provided by existing hospice providers in the 12 county service area?

Response: As stated in response to Supplemental Question 8, section 8, there is a documented unmet need for hospice care in the total service area. This indicates that either there is a resistance by the general public for hospice care or the general public is not aware of how hospice care improves the quality of life for terminally ill patients. Either way, there is a need to increase the educational awareness for hospice care of the general public.

The Applicant will train nursing staff to conduct educational presentations on hospice care at area facilities such as nursing homes, homes for the aged, ambulatory living facilities, senior citizen centers, etc. In addition, these nurses will make appointments to interact with area physicians to ensure these physicians are not only active participants in the plan of care for terminally ill patients, but also that they understand the hospice services available with our agency.

14. Section C., Economic Feasibility, Item 1 Project Costs Chart

Please clarify if the cost of a medical record system, data reporting system, office furniture, computers, etc. were included in the Project Cost chart.

Response: Yes.

15. Section C., Economic Feasibility, Item 2

The balance of $116,520.00 in the Bank of America Hospice Alpha account is noted. However, please provide a letter from the Chief Financial Officer of Hospice Alpha designating cash reserves to fund the proposed project.

Response: Please see *Supplemental C.EF.2.*

16. Section C., Economic Feasibility, Item 4 (Projected Data Chart)

The number of patients served in Year One and Year Two in the Projected Data Chart is noted. However, please also indicate the patient days in Year One and Year Two of the proposed project.

Response: The national average length of stay (ALOS) for hospice patients is 71 days. In year one, 48 patients averaging 71 days of hospice care would total 3,408 patient days of care. In year two, 85 patients averaging 71 days of hospice care would total 6,035 patient days of care.

Please itemize "D.9 Other expenses" in the Projected Data Chart.

Response: Please see Replacement Page 43.

Please clarify if the applicant has included the expense of Joint Commission accreditation.

Response: No, as it is not being pursued immediately. Accreditation will be pursued after our requested hospice has been operating for several months.

17. **Section C., Economic Feasibility, Item 8**

It is noted the applicant's owner has been in business for many years in auxiliary health. Please clarify what is involved in auxiliary health.

Response: The Owner of the Applicant currently operates a hospice in Houston, Texas, and also operates a nurse staffing company in Nashville, Tennessee. The hospice in Texas is accredited by Community Health Accreditation Program ("CHAP"), and is recognized by CMS.

According to the State Health plan, there is a need of 22 patients in the proposed service area. The applicant is projecting 60 patients in Year One, how many patients are needed to break even in Year One?

Response: Forty-eight patients. The Applicant has re-evaluated projections and now anticipates seeing 48 patients in year 1. Please see replacement pages 9, 11, 16, 30, 33, 34, 42, and 50.

18. Section C., Economic Feasibility, Item 10

Please provide Attachment C.EF.2.

Response: Please see *Supplemental C.EF.2.*

19. Section C., Orderly Development, Item 2

The applicant states relationships with area providers will be pursued after CON approval. Please indicate what type of agreements will be pursued by the applicant if approved.

Response: The Applicant will seek relationships with agencies from which patients might be referred (hospitals, nursing homes, assisted living facilities, other hospice agencies), and with other agencies to which the Applicant might refer patients (hospitals, nursing homes, assisted living facilities, other hospice agencies).

20. Section C., Orderly Development, Item 3

Your response to this item is noted. It appears the table indicating the estimated hourly salaries in Year One may exceed the projected amount of $298,680 in Year One of the Projected Data Chart. Please clarify.

Response: The staffing table originally submitted in the application was erroneous, and was based on an early draft. In fact, there will be only 2 RNs, and 4 CNAs. The Projected Data Chart was based on 2 RNs and 4 CNAs, so no change is necessary there.

Please see replacement pages 14, 15, 19, 20, and 51 (all pages where the staffing charts were noted in the original application).

21. Section C., Orderly Development, Item 7. (b)

The applicant did not mention Joint Accreditation in the response, even though the current hospice criteria and standards indicate that Joint Commission accreditation should be sought. Please explain.

Response: Accreditation will be pursued after our requested hospice has been operating for several months.

22. Proof of Publication

Please submit a copy of the full page of the newspaper in which the notice of intent appeared with the mast and dateline intact or submit a publication affidavit which is supplied by the newspaper as proof of the publication of the letter of intent.

Response: Please see attached tear sheets and affidavits.

23. Project Completion Forecast Chart

The applicant projects an agency decision date of August 2014 which is incorrect. This application is currently scheduled to be heard July 23, 2014.

Response: The application is not currently scheduled to be heard, as it has not entered a review cycle. The Applicant anticipated (and still anticipates) entering the June 1 review cycle, and if so, the hearing date will be in August, 2014.

Table 1. Top 20 Hospice Terminal Diagnoses By Number of Patients

	1998			1999			2000		
Rank	Diagnosis # of Patien	% of Ttl Pts	Avg LOS	Diagnosis # of Patien	%ofTtl Pts	Avg LOS	Diagnosis # of Patien	%ofTtl Pts	Avg LOS
	Lung CA			Lung CA			Lung CA		
1	67,527	16	43	71,804	15	43	75,602	14	42
	CHF			CHF			CHF		
2	29,478	7	52	33,897	7	52	39,414	7	54
	Colo-rectal CA			Colo-rectal CA			CVA / Stroke		
3	27,448	7	49	29,080	6	49	30,685	6	37
	Non-infect. respiratory			Non-infect. respiratory			Colo-rectal CA		
4	22,522	5	63	26,455	6	62	30,100	6	49
	CVA / Stroke			CVA / Stroke			Non-infect. respiratory		
5	22,149	5	36	25,829	5	36	29,984	6	63
	Prostate CA			Non-Alzheim dementia			Non-Alzheim dementia		
6	18,885	4	53	21,701	5	56	29,309	5	57
	Other heart disease			Other heart disease			Other heart disease		
7	18,294	4	57	20,827	4	57	25,164	5	55
	Blood/lymph CA			Prostate CA			Debility NOS		
8	16,645	4	37	19,271	4	53	21,883	4	51
	Breast CA			Blood/lymph CA			Alzheimers		
9	16,220	4	56	17,896	4	37	20,633	4	66
	Non-Alzheim dementia			Breast CA			Prostate CA		
10	15,148	4	57	17,185	4	55	19,705	4	52
	Pancreatic CA			Alzheimers			Blood/lymph CA		
11	13,913	3	40	16,006	3	65	19,185	4	36
	Alzheimers			Pancreatic CA			Breast CA		
12	12,829	3	67	15,211	3	39	18,006	3	55
	Chronic kidney disease			Debility NOS			Pancreatic CA		
13	10,066	2	23	14,849	3	50	15,764	3	38
	Liver CA			Chronic kidney dis.			Chronic kidney dis.		
14	9,610	2	35	11,947	3	23	14,011	3	22
	Debility NOS			Liver CA			Liver CA		
15	8,534	2	51	10,231	2	35	10,647	2	35
	Parkinsons			Parkinsons			Parkinsons		
16	6,693	2	67	7,896	2	66	9,572	2	68
	Brain CA			Brain CA			Pneumonias		
17	6,313	2	47	6,837	1	48	7,798	1	36
	Bladder CA			Ovarian CA			Brain CA		
18	5,869	1	37	6,551	1	48	7,131	1	46
	Ovarian CA			Pneumonias			Ovarian CA		
19	5,824	1	47	6,475	1	37	6,843	1	45
	Stomach CA			Bladder CA			Bladder CA		
20	5,671	1	41	6,254	1	37	6,732	1	36
				All Other			All Other		

	81,123	19		87,987	19	48	96,045	18	49
Nat'l Ttl	420,761	98	48	474,189	99	48	534,213	100	48

* Percentages may not sum to 100 due to rounding.

Key, in alphabetical order, with associated ICD-9-CM codes:
Alzheimers = Alzheimer's disease =
Bladder CA =
Blood/lymph CA = Blood and lymphatic cancers =
Brain CA =
Breast CA =
CHF =
Chronic kidney disease =
Chronic liver disease =

Abbreviations
Ttl Pts = Total patients
Avg LOS = Average length of stay
CA = cancer
CHF = Congestive heart failure
CVA = Cerebrovascula
NOS = Not otherwise s
Nat'l Ttl = National tot

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

2001			2002			2003			2004		
Diagnosis	# of Patien	%ofTtl Pts	Avg LOS	Diagnosis	# of Patien	%ofTtl Pts	Avg LOS	Diagnosis	# of Patien	%ofTtl Pts	Avg LOS	Diagnosis	# of Patien
Lung CA	77,909	13	43	Lung CA	81,080	12	45	Lung CA	83,631	11	48	Lung CA	86,506
CHF	44,846	8	58	CHF	50,793	8	64	Non-Alzheim dementia	60,919	8	81	Non-Alzhei	71,171
Non-Alzheim dementia	38,155	6	63	Non-Alzheim dementia	48,347	7	69	CHF	58,883	8	72	CHF	67,855
CVA / Stroke	35,028	6	41	Non-infect. respiratory	39,610	6	74	Debility NOS	47,406	7	65	Debility NC	56,458
Non-infect. respiratory	34,850	6	67	Debility NOS	39,440	6	59	Non-infect. respiratory	45,772	6	80	Non-infect	51,157
Colo-rectal CA	30,761	5	50	CVA / Stroke	39,053	6	43	CVA / Stroke	42,951	6	55	CVA / Stro	45,777
Debility NOS	29,728	5	56	Other heart disease	33,932	5	65	Other heart disease	39,706	5	72	Other hear	44,756
Other heart disease	29,053	5	60	Colo-rectal CA	31,455	5	54	Alzheimers	36,215	5	93	Alzheimers	42,741
Alzheimers	25,222	4	73	Alzheimers	30,212	5	84	Colo-rectal CA	31,895	4	55	Failure to t	35,419
Prostate CA	19,963	3	52	Blood/lymph CA	20,869	3	37	Failure to thrive	28,010	4	70	Colo-rectal	31,450
Blood/lymph CA	19,876	3	36	Failure to thrive	20,370	3	63	Blood/lymph CA	21,381	3	41	Blood/lym	22,362
Breast CA	18,460	3	56	Prostate CA	20,172	3	54	Prostate CA	20,116	3	55	Chronic ki	20,866
Pancreatic CA	16,372	3	38	Breast CA	19,044	3	59	Breast CA	19,436	3	60	Prostate C/	20,610
Chronic kidney dis.	15,582	3	23	Chronic kidney dis.	17,804	3	24	Chronic kidney dis.	19,254	3	28	Breast CA	20,189
Parkinsons	11,411	2	73	Pancreatic CA	17,278	3	39	Pancreatic CA	17,962	2	43	Pancreatic	18,711
Liver CA	10,838	2	36	Parkinsons	13,303	2	87	Parkinsons	15,635	2	87	Parkinsons	17,345
Failure to thrive	10,719	2	50	Liver CA	11,518	2	42	Liver CA	11,839	2	38	Pneumonia	13,355
Pneumonias	9,021	2	37	Pneumonias	10,458	2	37	Pneumonias	11,763	2	39	Liver CA	12,347
Brain CA	7,322	1	47	Chronic liver disease	7,769	1	45	Chronic liver disease	8,426	1	43	Chronic liv	9,289
Ovarian CA	7,317	1	46	Ovarian CA	7,568	1	47	Brain CA	7,786	1	48	Bladder CA	8,257
All Other				All Other				All Other				All Other	

101,951	17	50	101,458	15	55	100,058	14	60	100,496
594,384	100	51	661,533	101	56	729,044	100	63	797,117

331	Colo-rectal CA =
188	CVA/Stroke =
200-208	Debility NOS =
191	Failure to thrive = Failure to thrive - adult =
174-175	Liver CA =
428	Lung CA=
585-587	Non-Alzheim dementia = Non-Alzheimers dementia
571-573	Non-infect. respiratory = Non-infectious respiratory diseases = Other heart disease =

r accident
specified
al

Source: Health Care Information Systems (H

2005				2006			2006	2005
%of Ttl Pts	Avg LOS	Diagnosis # of Patien	% of Ttl Pts	Avg LOS	Diagnosis # of Patien	% of Ttl Pts	Avg LOS	AVG LOS	AVG LOS
		Lung CA			Non-Alzheim dementia				
11	46	90,217	10	45	94,670	10	89	89	86
m dementia		Non-Alzheim dementia			Lung CA				
9	82	81,734	9	86	92,215	10	46	46	45
		CHF			CHF				
9	73	76,289	9	73	83,107	9	83	83	73
)S		Debility NOS			Debility NOS				
7	70	66,055	8	73	77,923	8	77	77	73
. respiratory		Non-infect. respiratory			Non-infect. respiratory				
6	82	57,836	7	83	62,793	7	86	86	83
ke		Other heart disease			Other heart disease				
6	53	50,297	6	82	55,048	6	85	85	82
t disease		CVA / Stroke			Alzheimers				
6	78	49,423	6	53	54,361	6	110	110	99
		Alzheimers			CVA / Stroke				
5	96	48,980	6	99	52,840	6	61	61	53
hrive		Failure to thrive			Failure to thrive				
4	76	43,491	5	78	51,941	6	81	81	78
CA		Colo-rectal CA			Colo-rectal CA				
4	54	31,955	4	54	32,411	3	56	56	54
ɔh CA		Blood/lymph CA			Chronic kidney dis.				
3	40	23,495	3	39	24,711	3	28	28	25
dney dis.		Chronic kidney dis.			Blood/lymph CA				
3	32	22,738	3	25	24,002	3	42	42	39
A		Prostate CA			Parkinsons				
3	57	20,956	2	60	21,677	2	111	111	95
		Breast CA			Breast CA				
3	60	20,715	2	58	21,379	2	61	61	58
CA		Parkinsons			Prostate CA				
2	39	19,794	2	95	21,343	2	58	58	60
		Pancreatic CA			Pancreatic CA				
2	94	19,709	2	40	20,484	2	39	39	40
as		Pneumonias			Pneumonias				
2	42	15,281	2	43	17,484	2	41	41	43
		Liver CA			Liver CA				
2	38	13,049	1	37	13,178	1	38	38	37
er disease		Chronic liver disease			Chronic liver disease				
1	45	9,925	1	43	10,416	1	48	48	43
		Bladder CA			Bladder CA				
1	41	8,728	1	39	8,956	1	41	41	39
		All Other			All Other				

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

13	64	100,582	12	67	98,392	10	78
102	65	871,249	101	67	939,331	100	73

153-154
430-434,436-438
799.3
783.7
155-156
162-165
290,294,331 except 331.0
490-496
390-398,402-404,410-417,420-427,429

CIS) datasets

Ovarian CA =
Pancreatic CA =
Parkinsons = Parkinsons and other degenerative disease
Pneumonias = Pneumonias and other infectious lung dis
Prostate CA =
Stomach CA =

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

2004 AVG LOS	2003 AVG LOS	2002 AVG LOS	2001 AVG LOS	2000 AVG LOS	1999 AVG LOS	1998 AVG LOS	2007 Change in Diagnosis	# of Patien	% of Ttl Pts
82	81	69	63	57	56	57	56%	Non-Alzheim dementi 104,349	10
46	48	45	43	42	43	43	7%	Lung CA 93,850	9
73	72	64	58	54	52	52	60%	Debility NOS 92,605	9
70	65	59	56	51	50	51	51%	CHF 85,820	9
82	80	74	67	63	62	63	37%	Non-infect. respirator 66,975	7
78	72	65	60	55	57	57	49%	Failure to thrive 59,958	6
96	93	84	73	66	65	67	64%	Other heart disease 58,490	6
53	55	43	41	37	36	36	69%	Alzheimers 57,946	6
76	70	63	50 n/a	n/a	n/a		62%	CVA / Stroke 54,933	6
54	55	54	50	49	49	49	14%	Colo-rectal CA 32,693	3
32	28	24	23	22	23	23	22%	Chronic kidney dis. 25,890	3
40	41	37	36	36	37	37	14%	Blood/lymph CA 25,020	3
94	87	87	73	68	66	67	66%	Parkinsons 23,126	2
60	60	59	56	55	55	56	9%	Prostate CA 21,936	2
57	55	54	52	52	53	53	9%	Breast CA 21,763	2
39	43	39	38	38	39	40	-3%	Pancreatic CA 21,076	2
42	39	37	37	36	37 n/a		11%	Pneumonias 19,848	2
38	38	42	36	35	35	35	9%	Liver CA 13,558	1
45	43	45 n/a	n/a	n/a	n/a		7%	Chronic liver disease 11,081	1
41 n/a	n/a	n/a		36	37	37	11%	Bladder CA 9,505	1
								All Other	

	96,031	10
	996,453	100

	183
	157
es =	332-335
seases =	480-488,510-519

	2008			2009		
	Diagnosis			Diagnosis		
Avg LOS	# of Patien	% of Ttl Pts	Avg LOS	# of Patien	%ofTtl Pts	Avg LOS
a	Non-Alzheim dementia			Debility NOS		
91	113,204	11	89	120,631	11	83
	Debility NOS			Non-Alzheim dementia		
46	106,806	10	83	119,872	11	92
	Lung CA			Lung CA		
82	95,417	9	45	97,036	9	45
	CHF			CHF		
78	89,068	8	75	90,488	8	73
y	Non-infect. respiratory			Non-infect. respiratory		
85	72,699	7	86	75,450	7	85
	Failure to thrive			Failure to thrive		
83	67,790	6	82	70,337	6	84
	Other heart disease			Other heart disease		
83	61,455	6	82	64,482	6	80
	Alzheimers			Alzheimers		
107	60,488	6	105	61,146	6	106
	CVA / Stroke			CVA / Stroke		
56	56,986	5	53	58,323	5	51
	Colo-rectal CA			Colo-rectal CA		
53	33,185	3	55	32,989	3	53
	Chronic kidney dis.			Chronic kidney dis.		
30	26,342	3	28	27,618	3	27
	Blood/lymph CA			Blood/lymph CA		
42	25,593	2	41	26,528	2	40
	Parkinsons			Parkinsons		
106	24,289	2	104	25,376	2	105
	Pneumonias			Pneumonias		
62	22,679	2	36	24,345	2	33
	Breast CA			Breast CA		
62	22,535	2	58	23,050	2	59
	Pancreatic CA			Pancreatic CA		
39	21,944	2	38	22,472	2	37
	Prostate CA			Prostate CA		
40	21,632	2	60	21,893	2	59
	Liver CA			Liver CA		
39	14,104	1	37	14,551	1	37
	Chronic liver disease			Chronic liver disease		
45	11,814	1	44	12,635	1	44
	Bladder CA			Bladder CA		
41	9,893	1	41	10,293	1	42
	All Other			All Other		

89	92,782	9	75	91,461	8	74	
72	1,050,705	100	71	1,090,976	98	71	

183
157
332-335
480-488,510-519
185
151

Table 1. Top 20 Hospice Terminal Diagnoses by Number of Patients, 1999 to 2003 Calendar Year Data

Rank	1998 Diagnosis # of Patien	1998 Diagnosis % of Total	1998 Diagnosis Average LC	1999 Diagnosis # of Patien	1999 Diagnosis % of Total	1999 Diagnosis Average LC	2000 Diagnosis # of Patien	2000 Diagnosis % of Total	2000 Diagnosis Average LC
	Lung	Lung	Lung	Lung	Lung	Lung	Lung	Lung	Lung
1	67,527	16	43	71,804	15	43	75,602	14	42
	Congestive	Congestive	Congestive	Congestive	Congestive	Congestive	Congestive	Congestive	Congestive
2	29,478	7	52	33,897	7	52	39,414	7	54
	Colo-rectal	Colo-rectal	Colo-rectal	Colo-rectal	Colo-rectal	Colo-rectal	CVA /	CVA /	CVA /
3	27,448	7	49	29,080	6	49	30,685	6	37
	Non-infect	Non-infect	Non-infect	Non-infect	Non-infect	Non-infect	Colo-rectal	Colo-rectal	Colo-rectal
4	22,522	5	63	26,455	6	62	30,100	6	49
	CVA /	CVA /	CVA /	CVA /	CVA /	CVA /	Non-infect	Non-infect	Non-infect
5	22,149	5	36	25,829	5	36	29,984	6	63
	Prostate	Prostate	Prostate	NonAlzheii	NonAlzheii	NonAlzheii	NonAlzheii	NonAlzheii	NonAlzheii
6	18,885	4	53	21,701	5	56	29,309	5	57
	Other hear	Other hear	Other hear	Other hear	Other hear	Other hear	Other hear	Other hear	Other hear
7	18,294	4	57	20,827	4	57	25,164	5	55
	Blood/ lym	Blood/ lym	Blood/ lym	Prostate	Prostate	Prostate	Debility	Debility	Debility
8	16,645	4	37	19,271	4	53	21,883	4	51
	Breast	Breast	Breast	Blood/ lym	Blood/ lym	Blood/ lym	Alzheimers	Alzheimers	Alzheimers
9	16,220	4	56	17,896	4	37	20,633	4	66
	NonAlzheii	NonAlzheii	NonAlzheii	Breast	Breast	Breast	Prostate	Prostate	Prostate
10	15,148	4	57	17,185	4	55	19,705	4	52
	Pancreatic	Pancreatic	Pancreatic	Alzheimers	Alzheimers	Alzheimers	Blood/ lym	Blood/ lym	Blood/ lym
11	13,913	3	40	16,006	3	65	19,185	4	36
	Alzheimers	Alzheimers	Alzheimers	Pancreatic	Pancreatic	Pancreatic	Breast	Breast	Breast
12	12,829	3	67	15,211	3	39	18,006	3	55
	Chronic kic	Chronic kic	Chronic kic	Debility	Debility	Debility	Pancreatic	Pancreatic	Pancreatic
13	10,066	2	23	14,849	3	50	15,764	3	38

Table 1 (continued). Top 20 Hospice Terminal Diagnoses by Number of Patients, 1999 to 2003 Calendar Year Da

Rank	1998 Diagnosis # of Patien	1998 Diagnosis % of Total	1998 Diagnosis Average LC	1999 Diagnosis # of Patien	1999 Diagnosis % of Total	1999 Diagnosis Average LC	2000 Diagnosis # of Patien	2000 Diagnosis % of Total	2000 Diagnosis Average LC
	Liver	Liver	Liver	Chronic kic	Chronic kic	Chronic kic	Chronic kic	Chronic kic	Chronic kic
14	9,610	2	35	11,947	3	23	14,011	3	22
	Debility	Debility	Debility	Liver	Liver	Liver	Liver	Liver	Liver
15	8,534	2	51	10,231	2	35	10,647	2	35
	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons
16	6,693	2	67	7,896	2	66	9,572	2	68
	Brain	Brain	Brain	Brain	Brain	Brain	Pneumonia	Pneumonia	Pneumonia
17	6,313	2	47	6,837	1	48	7,798	1	36
	Bladder	Bladder	Bladder	Ovarian	Ovarian	Ovarian	Brain	Brain	Brain
18	5,869	1	37	6,551	1	48	7,131	1	46
	Ovarian	Ovarian	Ovarian	Pneumonia	Pneumonia	Pneumonia	Ovarian	Ovarian	Ovarian

	19	5,824	1	47	6,475	1	37	6,843	1	45
		Stomach	Stomach	Stomach	Bladder	Bladder	Bladder	Bladder	Bladder	Bladder
	20	5,671	1	41	6,254	1	37	6,732	1	36
					All Other	All Other	All Other	All Other	All Other	All Other
		100,058	14		87,987	19	69	96,045	18	49
Nat'l Ttls		420,761		48	474,189	99	48	534,213	100	48

* Percentages may not sum to 100 due to rounding.

Key, in alphabetical order, with associated ICD-9-CM codes:

Alzheimers disease =	331	Failure to thrive = Failure to thriv	
Bladder CA =	188	Liver CA =	
Blood/lymph CA = Blood and lymphatic cancers =	200-208	Lung & other chest cavity cancer	
Brain CA =	191	NonAlzheim dementia = Non-Alzh	
Breast CA =	174-175	Non-infectious respiratory =	
Congestive heart failure =	428	Other heart disease =	
Chronic kidney disease =	585-587	Ovarian CA =	
Chronic liver disease =	571-573	Pancreatic CA =	
Colo-rectal CA =	153-154	Parkinsons = Parkinsons and othe	
CVA/Stroke =	430-434,436-438	Pneumonia = Pneumonias and ot	
Debility NOS =	799.3	Prostate CA =	
		Stomach CA =	

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

2001 Diagnosis # of Patien	2001 Diagnosis % of Total	2001 Diagnosis Average LC	2002 Diagnosis # of Patien	2002 Diagnosis % of Total	2002 Diagnosis Average LC	2003 Diagnosis # of Pati	2003 Diagnosis % of Total	2003 Diagnosis Average LOS
Lung	Lung	Lung	Lung	Lung	Lung	Lung	Lung	Lung
77,909	13	43	81,080	12	45	83,631	11	48
Congestive	Congestive	Congestive	Congestive	Congestive	Congestive	NonAlzheii	NonAlzheii	NonAlzheim dementia
44,846	8	58	50,793	8	64	60,919	8	81
NonAlzheii	NonAlzheii	NonAlzheii	NonAlzheii	NonAlzheii	NonAlzheii	Congestive	Congestive	Congestive heart failu
38,155	6	63	48,347	7	69	58,883	8	72
CVA /	CVA /	CVA /	Non-infect	Non-infect	Non-infect	Debility	Debility	Debility NOS
35,028	6	41	39,610	6	74	47,406	7	65
Non-infect	Non-infect	Non-infect	Debility	Debility	Debility	Non- infec	Non-infect	Non-infectious respira
34,850	6	67	39,440	6	59	45,772	6	80
Colo-rectal	Colo-rectal	Colo-rectal	CVA /	CVA /	CVA /	CVA /	CVA /	CVA / S
30,761	5	50	39,053	6	43	42,951	6	55
Debility	Debility	Debility	Other hear	Other hear	Other hear	Other hear	Other hear	Other heart disease
29,728	5	56	33,932	5	65	39,706	5	72
Other hear	Other hear	Other hear	Colo-rectal	Colo-rectal	Colo-rectal	Alzheimers	Alzheimers	Alzheimers disease
29,053	5	60	31,455	5	54	36,215	5	93
Alzheimers	Alzheimers	Alzheimers	Alzheimers	Alzheimers	Alzheimers	Colo-rectal	Colo-rectal	Colo-rectal CA
25,222	4	73	30,212	5	84	31,895	4	55
Prostate	Prostate	Prostate	Blood / lyn	Blood / lyn	Blood / lyn	Failure to	Failure to	Failure to thrive
19,963	3	52	20,869	3	37	28,010	4	70
Blood/ lym	Blood/ lym	Blood/ lym	Failure to	Failure to	Failure to	Blood/ lym	Blood/ lym	Blood/ lymph CA
19,876	3	36	20,370	3	63	21,381	3	41
Breast	Breast	Breast	Prostate	Prostate	Prostate	Prostate	Prostate	Prostate CA
18,460	3	56	20,172	3	54	20,116	3	55
Pancreatic	Pancreatic	Pancreatic	Breast	Breast	Breast	Breast	Breast	Breast CA
16,372	3	38	19,044	3	59	19,436	3	60

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2001 Diagnosis # of Patien	2001 Diagnosis % of Total	2001 Diagnosis Average LC	2002 Diagnosis # of Patien	2002 Diagnosis % of Total	2002 Diagnosis Average LC	2003 Diagnosis # of Pati	2003 Diagnosis % of Total	2003 Diagnosis Averáge LOS
Chronic kic	Chronic kic	Chronic kic	Chronic kic	Chronic kic	Chronic kic	Chronic kic	Chronic kic	Chronic kidney disease
15,582	3	23	17,804	3	24	19,254	3	28
Parkinsons	Parkinsons	Parkinsons	Pancreatic	Pancreatic	Pancreatic	Pancreatic	Pancreatic	Pancreatic
11,411	2	73	17,278	3	39	17,962	2	43
Liver	Liver	Liver	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons
10,838	2	36	13,303	2	87	15,635	2	87
Failure to	Failure to	Failure to	Liver	Liver	Liver	Liver	Liver	Liver C
10,719	2	50	11,518	2	42	11,839	2	38
Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia
9,021	2	37	10,458	2	37	11,763	2	39
Brain	Brain	Brain	Chronic liv	Chronic liv	Chronic liv	Chronic liv	Chronic liv	Chronic liver disease

7,322	1	47	7,769	1	45	8,426	1	43
Ovarian	Ovarian	Ovarian	Ovarian	Ovarian	Ovarian	Brain	Brain	Brain
7,317	1	46	7,568	1	47	7,786	1	48
All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other
101,951	17	50	101,458	15	56	100,058	14	60
594,384	100	51	661,533	101	55	729,044	100	63

Abbreviations

LOS = length of stay

CA = cancer

CVA = Cerebrovascular accident

NOS = Not otherwise specified

Nat'l Ttls = National totals

e - adult = 783.7

155-156

162-165

ıeimers dei 290,294,331 except 331.0

490-496

390-398,402-404,410-417,420-427,429

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Source: Health Care Information System (HCIS) Data

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SUPPLEMENTAL - #1
May 30, 2014
3:15pm

Table 1. Top 20 Hospice Terminal Diagnoses By Number of Patients

Rank	1999 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2000 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2001 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2002 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2003 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2004 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	20 Diag	# of Patients
1	Lung CA	71,804	15	43	Lung CA	75,602	14	42	Lung CA	77,909	13	43	Lung CA	81,080	12	45	Lung CA	83,631	11	48	Lung CA	86,506	11	46	Lun	90,217
2	CHF	33,897	7	52	CHF	39,414	7	54	CHF	44,846	8	58	CHF	50,793	8	64	Non-Alzheim dementia	60,919	8	81	Non-Alzheim dementia	71,171	9	82	Non-Alzhei	81,734
3	Colo-rectal CA	29,080	6	49	CVA / Stroke	30,685	6	37	Non-Alzheim dementia	38,155	6	63	Non-Alzheim dementia	48,347	7	69	CHF	58,883	8	72	CHF	67,855	9	73	Cl	76,289
4	Non-infect. respiratory	26,455	6	62	Colo-rectal CA	30,100	6	49	CVA / Stroke	35,028	6	41	Non-infect. respiratory	39,610	6	74	Debility NOS	47,406	7	65	Debility NOS	56,458	7	70	Debilit	66,055
5	CVA / Stroke	25,829	5	36	Non-infect. respiratory	29,984	6	63	Non-infect. respiratory	34,850	6	67	Debility NOS	39,440	6	59	Non-infect. respiratory	45,772	6	80	Non-infect. respiratory	51,157	6	82	Non-infect.	57,836
6	Non-Alzheim dementia	21,701	5	56	Non-Alzheim dementia	29,309	5	57	Colo-rectal CA	30,761	5	50	CVA / Stroke	39,053	6	43	CVA / Stroke	42,951	6	55	CVA / Stroke	45,777	6	53	Other hea	50,297
7	Other heart disease	20,827	4	57	Other heart disease	25,164	5	55	Debility NOS	29,728	5	56	Other heart disease	33,932	5	65	Other heart disease	39,706	5	72	Other heart disease	44,756	6	78	CVA /	49,423
8	Prostate CA	19,271	4	53	Debility NOS	21,883	4	51	Other heart disease	29,053	5	60	Colo-rectal CA	31,455	5	54	Alzheimers	36,215	5	93	Alzheimers	42,741	5	96	Alzhe	48,980
9	Blood/lymph CA	17,896	4	37	Alzheimers	20,639	4	66	Alzheimers	25,222	4	73	Alzheimers	30,212	5	84	Colo-rectal CA	31,895	4	55	Failure to thrive	35,419	4	76	Failure	43,491
10	Breast CA	17,185	4	55	Prostate CA	19,705	4	52	Prostate CA	19,963	3	52	Blood/lymph CA	20,869	3	37	Failure to thrive	28,010	4	70	Colo-rectal CA	31,450	4	54	Colo-re	31,955
11	Alzheimers	16,006	3	65	Blood/lymph CA	19,185	4	36	Blood/lymph CA	19,876	3	36	Failure to thrive	20,370	3	63	Blood/lymph CA	21,381	3	41	Blood/lymph CA	22,862	3	40	Blood/l	23,495
12	Pancreatic CA	15,211	3	39	Breast CA	18,006	3	55	Breast CA	18,460	3	56	Prostate CA	20,172	3	54	Prostate CA	20,116	3	55	Chronic kidney dis.	20,866	3	32	Chronic I	22,738
13	Debility NOS	14,849	3	50	Pancreatic CA	15,764	3	38	Pancreatic CA	16,372	3	38	Breast CA	19,044	3	59	Breast CA	19,436	3	60	Prostate CA	20,610	3	57	Prost	20,956
14	Chronic kidney dis.	11,947	3	23	Chronic kidney dis.	14,011	3	22	Chronic kidney dis.	15,582	3	23	Chronic kidney dis.	17,804	3	24	Chronic kidney dis.	19,254	3	28	Breast CA	20,189	3	60	Brea	20,715
15	Liver CA	10,231	2	35	Liver CA	10,647	2	35	Parkinsons	11,411	2	73	Pancreatic CA	17,278	3	39	Pancreatic CA	17,962	2	43	Pancreatic CA	18,711	2	39	Parki	19,794

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

Table 1. Top 20 Hospice Terminal Diagnoses By Number of Patients

Rank	1999 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2000 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2001 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2002 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2003 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2004 Diagnosis	# of Patients	%of Ttl Pts*	Avg LOS	2(Diac	# of Patients
16	Parkinsons	7,896	2	66	Parkinsons	9,572	2	68	Liver CA	10,838	2	36	Parkinsons	13,303	2	87	Parkinsons	15,635	2	87	Parkinsons	17,345	2	94	Pancr	19,709
17	Brain CA	6,837	1	48	Pneumonias	7,798	1	36	Failure to thrive	10,719	2	50	Liver CA	11,518	2	42	Liver CA	11,839	2	38	Pneumonias	13,355	2	42	Pneu	15,281
18	Ovarian CA	6,551	1	48	Brain CA	7,131	1	46	Pneumonias	9,021	2	37	Pneumonias	10,458	2	37	Pneumonias	11,763	2	39	Liver CA	12,347	2	38	Live	13,049
19	Pneumonias	6,475	1	37	Ovarian CA	6,843	1	45	Brain CA	7,322	1	47	Chronic liver disease	7,769	1	45	Chronic liver disease	8,426	1	43	Chronic liver disease	9,289	1	45	Chronic li	9,925
20	Bladder CA	6,254	1	37	Bladder CA	6,732	1	36	Ovarian CA	7,317	1	46	Ovarian CA	7,568	1	47	Brain CA	7,786	1	48	Bladder CA	8,257	1	41	Blad	8,728
	All Other	87,987	19	48	All Other	96,045	18	49	All Other	101,951	17	50	All Other	101,458	15	55	All Other	100,058	14	60	All Other	100,496	13	64	All	100,582
Nat'l Ttl		474,189	99	48		534,213	100	48		594,384	100	51		661,533	101	56		729,044	100	63		797,117	102	65		871,249

** Percentages may not sum to 100 due to rounding.*

Key, in alphabetical order, with associated ICD-9-CM codes:

Alzheimers = Alzheimer's disease =	331.0	Colo-rectal CA =	153-154
Bladder CA =	188	CVA/Stroke =	430-434,436-438
Blood/lymph CA = Blood and lymphatic cancers =	200-208	Debility NOS =	799.3
Brain CA =	191	Failure to thrive = Failure to thrive - adult =	784
Breast CA =	174-175	Liver CA =	155-156
CHF =	428	Lung CA=	162-165
Chronic kidney disease =	585-587	Non-Alzheim dementia = Non-Alzheimers dementia	290,294,331 except 33
Chronic liver disease =	571-573	Non-infect. respiratory = Non-infectious respiratory diseases =	490-496
		Other heart disease =	390-398,402-404,410-4

Abbreviations

Ttl Pts = Total patients	CVA = Cerebrovascular accident
Avg LOS = Average length of stay	NOS = Not otherwise specified
CA = cancer	Nat'l Ttl = National total
CHF = Congestive heart failure	

Source: Health Care Information Systems (HCIS) datasets

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

05		2006			2007			2008			2009		
nosis		Diagnosis			Diagnosis			Diagnosis			Diagnosis		
% of Ttl Pts*	Avg LOS	# of Patients	% of Ttl Pts*	Avg LOS	# of Patients	% of Ttl Pts*	Avg LOS	# of Patients	% of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS
g CA		Non-Alzheim dementia			Non-Alzheim dementia			Non-Alzheim dementia			Debility NOS		
10	45	94,670	10	89	104,349	10	91	113,204	11	89	120,631	11	83
m dementia		Lung CA			Lung CA			Debility NOS			Non-Alzheim dementia		
9	86	92,215	10	46	93,850	9	46	106,806	10	83	119,872	11	92
HF		CHF			Debility NOS			Lung CA			Lung CA		
9	73	83,107	9	83	92,605	9	82	95,417	9	45	97,036	9	45
y NOS		Debility NOS			CHF			CHF			CHF		
8	73	77,923	8	77	85,820	9	78	89,068	8	75	90,488	8	73
respiratory		Non-infect. respiratory			Non-infect. respiratory			Non-infect. respiratory			Non-infect. respiratory		
7	83	62,793	7	86	66,975	7	85	72,699	7	86	75,450	7	85
rt disease		Other heart disease			Failure to thrive			Failure to thrive			Failure to thrive		
6	82	55,048	6	85	59,958	6	83	67,790	6	82	70,337	6	84
Stroke		Alzheimers			Other heart disease			Other heart disease			Other heart disease		
6	53	54,361	6	110	58,490	6	83	61,455	6	82	64,482	6	80
imers		CVA / Stroke			Alzheimers			Alzheimers			Alzheimers		
6	99	52,840	6	61	57,946	6	107	60,488	6	105	61,146	6	106
to thrive		Failure to thrive			CVA / Stroke			CVA / Stroke			CVA / Stroke		
5	78	51,941	6	81	54,933	6	56	56,986	5	53	58,323	5	51
ctal CA		Colo-rectal CA			Colo-rectal CA			Colo-rectal CA			Colo-rectal CA		
4	54	32,411	3	56	32,693	3	53	33,185	3	55	32,989	3	53
mph CA		Chronic kidney dis.			Chronic kidney dis.			Chronic kidney dis.			Chronic kidney dis.		
3	39	24,711	3	28	25,890	3	30	26,342	3	28	27,618	3	27
idney dis.		Blood/lymph CA			Blood/lymph CA			Blood/lymph CA			Blood/lymph CA		
3	25	24,002	3	42	25,020	3	42	25,593	2	41	26,528	2	40
tte CA		Parkinsons			Parkinsons			Parkinsons			Parkinsons		
2	60	21,677	2	111	23,126	2	106	24,289	2	104	25,376	2	105
st CA		Breast CA			Prostate CA			Pneumonias			Pneumonias		
2	58	21,379	2	61	21,936	2	62	22,679	2	36	24,345	2	33
nsons		Prostate CA			Breast CA			Breast CA			Breast CA		
2	95	21,343	2	58	21,763	2	62	22,535	2	58	23,050	2	59

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

05		2006			2007			2008			2009		
nosis		Diagnosis			Diagnosis			Diagnosis			Diagnosis		
% of Ttl Pts*	Avg LOS	# of Patients	% of Ttl Pts*	Avg LOS	# of Patients	% of Ttl Pts*	Avg LOS	# of Patients	% of Ttl Pts*	Avg LOS	# of Patients	%of Ttl Pts*	Avg LOS
atic CA		Pancreatic CA			Pancreatic CA			Pancreatic CA			Pancreatic CA		
2	40	20,484	2	39	21,076	2	39	21,944	2	38	22,472	2	37
nonias		Pneumonias			Pneumonias			Prostate CA			Prostate CA		
2	43	17,464	2	41	19,848	2	40	21,632	2	60	21,893	2	59
r CA		Liver CA			Liver CA			Liver CA			Liver CA		
1	37	13,178	1	38	13,558	1	39	14,104	1	37	14,551	1	37
er disease		Chronic liver disease			Chronic liver disease			Chronic liver disease			Chronic liver disease		
1	43	10,416	1	48	11,081	1	45	11,814	1	44	12,635	1	44
er CA		Bladder CA			Bladder CA			Bladder CA			Bladder CA		
1	39	8,956	1	41	9,505	1	41	9,893	1	41	10,293	1	42
ther		All Other			All Other			All Other			All Other		
12	67	98,392	10	78	96,031	10	89	92,782	9	75	91,461	8	74
101	67	939,331	100	73	996,453	100	72	1,050,705	100	71	1,090,976	98	71

Ovarian CA =	183
Pancreatic CA =	157
Parkinsons = Parkinsons and other degenerative diseases =	332-335
Pneumonias = Pneumonias and other infectious lung diseases =	480-488,510-519
Prostate CA =	185
Stomach CA =	151

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17,420-427,429

noses by Number of Patients, 1999 to 2003 Calendar Year Data

1999 sis OS	2000 Diagnosis # of Patients	2000 Diagnosis % of Total Patients*	2000 Diagnosis Average LOS	2001 Diagnosis # of Patients	2001 Diagnosis % of Total Patients*	2001 Diagnosis Average LOS	2002 Diagnosis # of Patients	2002 Diagnosis % of Total Patients*	2002 Diagnosis Average LOS	2003 Diagnosis # of Patients	2003 Diagnosis % of Total Patients*	2003 Diagnosis Average LOS
ung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA
43	75,602	14	42	77,909	13	43	81,080	12	45	83,631	11	48
tive lure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia
52	39,414	7	54	44,846	8	58	50,793	8	64	60,919	8	81
ctal CA	CVA / Stroke	CVA / Stroke	CVA / Stroke	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	Congestive heart failure	Congestive heart failure	Congestive heart failure
49	30,685	6	37	38,155	6	63	48,347	7	69	58,883	8	72
ous tory	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	CVA / Stroke	CVA / Stroke	CVA / Stroke	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Debility NOS	Debility NOS	Debility NOS
62	30,100	6	49	35,028	6	41	39,610	6	74	47,406	7	65
/A / oke	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Debility NOS	Debility NOS	Debility NOS	Non- infectious respiratory	Non-infectious respiratory	Non-infectious respiratory
36	29,984	6	63	34,850	6	67	39,440	6	59	45,772	6	80
eim ntia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke
56	29,309	5	57	30,761	5	60	39,053	6	63	42,951	6	65
eart ase	Other heart disease	Other heart disease	Other heart disease	Debility NOS	Debility NOS	Debility NOS	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease
57	25,164	5	55	29,728	5	56	33,932	5	65	39,706	5	72
ate CA	Debility NOS	Debility NOS	Debility NOS	Other heart disease	Other heart disease	Other heart disease	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Alzheimers disease	Alzheimers disease	Alzheimers disease
53	21,883	4	51	29,053	5	60	31,455	5	64	36,215	5	93
nph CA	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA
37	20,633	4	66	25,222	4	73	30,212	5	84	31,895	4	55
ast CA	Prostate CA	Prostate CA	Prostate CA	Prostate CA	Prostate CA	Prostate CA	Blood / lymph CA	Blood / lymph CA	Blood / lymph CA	Failure to thrive	Failure to thrive	Failure to thrive
55	19,705	4	52	19,963	3	52	20,869	3	37	28,010	4	70
ers ase	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Failure to thrive	Failure to thrive	Failure to thrive	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA
65	19,185	4	36	19,876	3	36	20,370	3	63	21,381	3	41
atic CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Prostate CA	Prostate CA	Prostate CA	Prostate CA	Prostate CA	Prostate CA
39	18,006	3	55	18,460	3	56	20,172	3	54	20,116	3	55
ility OS	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA
50	15,764	3	38	16,372	3	38	19,044	3	59	19,436	3	60

minal Diagnoses by Number of Patients, 1999 to 2003 Calendar Year Data

2000 Diagnosis # of Patients	2000 Diagnosis % of Total Patients*	2000 Diagnosis Average LOS	2001 Diagnosis # of Patients	2001 Diagnosis % of Total Patients*	2001 Diagnosis Average LOS	2002 Diagnosis # of Patients	2002 Diagnosis % of Total Patients*	2002 Diagnosis Average LOS	2003 Diagnosis # of Patients	2003 Diagnosis % of Total Patients*	2003 Diagnosis Average LOS
Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease
14,011	3	22	15,582	3	23	17,804	3	24	19,254	3	28
Liver CA	Liver CA	Liver CA	Parkinsons	Parkinsons	Parkinsons	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA
10,647	2	35	11,411	2	73	17,278	3	39	17,962	2	43
Parkinsons	Parkinsons	Parkinsons	Liver CA	Liver CA	Liver CA	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons
9,572	2	68	10,838	2	36	13,303	2	87	15,635	2	87
Pneumonia	Pneumonia	Pneumonia	Failure to thrive	Failure to thrive	Failure to thrive	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA
7,798	1	36	10,719	2	50	11,518	2	42	11,839	2	38
Brain CA	Brain CA	Brain CA	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia
7,131	1	46	9,021	2	37	10,458	2	37	11,763	2	39
Ovarian CA	Ovarian CA	Ovarian CA	Brain CA	Brain CA	Brain CA	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease
6,843	1	45	7,322	1	47	7,769	1	45	8,426	1	43
Bladder CA	Bladder CA	Bladder CA	Ovarian CA	Ovarian CA	Ovarian CA	Ovarian CA	Ovarian CA	Ovarian CA	Brain CA	Brain CA	Brain CA
6,732	1	36	7,317	1	46	7,568	1	47	7,786	1	48
All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other
96,045	18	49	101,951	17	50	101,458	15	56	100,058	14	60
534,213	100	48	594,384	100	51	661,533	101	55	729,044	100	63

ICD-9-CM codes:

Failure to thrive = Failure to thrive - adult =	783.7
Liver CA =	155-156
Lung & other chest cavity cancer	162-165
NonAlzheim dementia = Non-Alzheimers dementia =	290,294,331 except 331.0
Non-infectious respiratory =	490-496
Other heart disease =	390-398,402-404,410-417,420-427,429
Ovarian CA =	183
Pancreatic CA =	157
Parkinsons = Parkinsons and other degenerative diseases =	332-335
Pneumonia = Pneumonias and other infectious lung diseases =	480-488,510-519
Prostate CA =	185
Stomach CA =	151

Abbreviations	
LOS = length of stay	CVA = Cerebrovascular accident
CA = cancer	NOS = Not otherwise specified
	Nat'l Ttls = National totals

Source: Health Care Information System (HCIS) Data

177

noses by Number of Patients, 2004 to 2009 Calendar Year Data

2005 gnosis # of Patients	2005 Diagnosis % of Total Patients*	2005 Diagnosis Average LOS	2006 Diagnosis # of Patients	2006 Diagnosis % of Total Patients*	2006 Diagnosis Average LOS	2007 Diagnosis # of Patients	2007 Diagnosis % of Total Patients*	2007 Diagnosis Average LOS	2008 Diagnosis # of Patients	2008 Diagnosis % of Total Patients*	2008 Diagnosis Average LOS	2009 Diagnosis # of Patients	2009 Diagnosis % of Total Patients*	2009 Diagnosis Average LOS
Lung CA	Lung CA	Lung CA	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia	Debility NOS	Debility NOS	Debility NOS
90,217	10	45	94,670	10	89	104,349	10	91	113,204	11	89	120,631	11	83
Alzheim ementia	NonAlzheim dementia	NonAlzheim dementia	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Debility NOS	Debility NOS	Debility NOS	NonAlzheim dementia	NonAlzheim dementia	NonAlzheim dementia
81,734	9	86	92,215	10	46	93,850	9	46	106,806	10	83	119,872	11	92
igestive rt failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Debility NOS	Debility NOS	Debility NOS	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA	Lung CA
76,289	9	73	83,107	9	83	92,605	9	82	95,417	9	45	97,036	9	45
Debility NOS	Debility NOS	Debility NOS	Debility NOS	Debility NOS	Debility NOS	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure	Congestive heart failure
66,055	8	73	77,923	8	77	85,820	9	78	89,068	8	75	90,488	8	73
Non-fectious spiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory	Non-infectious respiratory
57,836	7	83	62,793	7	86	66,975	7	85	72,699	7	86	75,450	7	85
er heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Failure to thrive	Failure to thrive	Failure to thrive	Failure to thrive	Failure to thrive	Failure to thrive	Failure to thrive	Failure to thrive	Failure to thrive
50,297	6	82	55,048	6	85	59,958	6	83	67,790	6	82	70,337	6	84
CVA / Stroke	CVA / Stroke	CVA / Stroke	Alzheimers disease	Alzheimers disease	Alzheimers disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease	Other heart disease
49,423	6	53	54,361	6	110	58,490	6	83	61,455	6	82	64,482	6	80
heimers disease	Alzheimers disease	Alzheimers disease	CVA / Stroke	CVA / Stroke	CVA / Stroke	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease	Alzheimers disease
48,980	6	99	52,840	6	61	57,946	6	107	60,488	6	105	61,146	6	106
ailure to thrive	Failure to thrive	Failure to thrive	Failure to thrive	Failure to thrive	Failure to thrive	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke	CVA / Stroke
43,491	5	78	51,941	6	81	54,933	6	56	56,986	5	53	58,323	5	51
lo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA	Colo-rectal CA
31,955	4	54	32,411	3	56	32,693	3	53	33,185	3	55	32,989	3	53
Blood/ mph CA	Blood/ lymph CA	Blood/ lymph CA	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Chronic kidney disease
23,495	3	39	24,711	3	28	25,890	3	30	26,342	3	28	27,618	3	27
Chronic kidney disease	Chronic kidney disease	Chronic kidney disease	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA	Blood/ lymph CA
22,738	3	25	24,002	3	42	25,020	3	42	25,593	2	41	26,528	2	40
Prostate CA	Prostate CA	Prostate CA	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons	Parkinsons
20,956	2	60	21,677	2	111	23,126	2	106	24,289	2	104	25,376	2	105

ninal Diagnoses by Number of Patients, 2004 to 2009 Calendar Year Data

2005 nosis # of tients	2005 Diagnosis % of Total Patients*	2005 Diagnosis Average LOS	2006 Diagnosis # of Patients	2006 Diagnosis % of Total Patients*	2006 Diagnosis Average LOS	2007 Diagnosis # of Patients	2007 Diagnosis % of Total Patients*	2007 Diagnosis Average LOS	2008 Diagnosis # of Patients	2008 Diagnosis % of Total Patients*	2008 Diagnosis Average LOS	2009 Diagnosis # of Patients	2009 Diagnosis % of Total Patients*	2009 Diagnosis Average LOS
Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Prostate CA	Prostate CA	Prostate CA	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia
0,715	2	58	21,379	2	61	21,936	2	62	22,679	2	36	24,345	2	33
nsons	Parkinsons	Parkinsons	Prostate CA	Prostate CA	Prostate CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA	Breast CA
9,794	2	95	21,343	2	58	21,763	2	62	22,535	2	58	23,050	2	59
reatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA	Pancreatic CA
9,709	2	40	20,484	2	39	21,076	2	39	21,944	2	38	22,472	2	37
monia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Prostate CA	Prostate CA	Prostate CA	Prostate CA	Prostate CA	Prostate CA
5,281	2	43	17,484	2	41	19,848	2	40	21,632	2	60	21,893	2	59
Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA	Liver CA
3,049	1	37	13,178	1	38	13,558	1	39	14,104	1	37	14,551	1	37
c liver sease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease	Chronic liver disease
9,925	1	43	10,416	1	48	11,081	1	45	11,814	1	44	12,635	1	44
ladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA	Bladder CA
8,728	1	39	8,956	1	41	9,505	1	41	9,893	1	41	10,293	1	42
Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other	All Other
0,582	12	67	98,392	10	78	96,031	10	89	92,782	9	75	91,461	8	74
1,249	101	67	939,331	100	73	996,453	100	72	1,050,705	100	71	1,090,976	98	71

D-9-CM codes:

to thrive = Failure to thrive - adult =	783.7
CA =	155-156
k other chest cavity cancer	162-165
zheim dementia = Non-Alzheimers dementia =	290,294,331 except 331.0
fectious respiratory =	490-496
heart disease =	390-398,402-404,410-417,420-427,429
n CA =	183
eatic CA =	157
sons = Parkinsons and other degenerative diseases =	332-335
nonia = Pneumonias and other infectious lung diseases =	480-488,510-519
te CA =	185

Abbreviations	
LOS = length of stay	CVA = Cerebrovascular accident
CA = cancer	NOS = Not otherwise specified
	Nat'l Ttls = National totals

Stomach CA = 151

Source: Health Care Information System (HCIS) Data

180

May 30, 2014
3:15pm

NEW JOHNSONVILLE FAMILY HEALTH
224 LONG STREET
NEW JOHNSONVILLE, TN 37134

GEORGE MATHAI, MD

TELEPHONE: 931-535-3734

April 30, 2014

Melanie Hill, Executive Director
Health Services Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deadrick Street
Nashville, TN 37243

Dear Ms. Hill:

I am writing this letter in regards to Hospice Alpha Inc.'s request for a Certificate of Need for Hospice services in Humphreys, Perry and the surrounding counties. I would be in support of a hospice closer to our area to better serve our community and my patients.

Approval for the Certificate of Need for Hospice Alpha Inc. would be greatly appreciated.

Sincerely,

Dr. George Mathia

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

ANDREW K. AVERETT, M.D.

GENERAL PRACTICE

P.O. BOX 29
408 SOUTH MILL STREET
LINDEN, TENNESSEE 37096
Telephone (931) 589-3841

April 21, 2014

Melanie Hill, Executive Director
Health Services Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deadrick Street
Nashville, TN 37243

Dear Ms. Hill:

I am writing this letter in support of Hospice Alpha Inc.'s request for a Certificate of Need Approval. My office is located in Linden (Perry County) TN. I often see patients in need of Hospice or End of Life Care. I feel that our Community could benefit from a Hospice Agency in this county and the surrounding counties.

Your favorable consideration to grant Hospice Alpha Inc.'s Certificate of Need Approval would be greatly appreciated.

Sincerely,

Andrew K. Averett, MD

Perry County Nursing Home

127 East Brooklyn Ave.
Linden, Tennessee 37096

(931) 589-2134

April 21, 2014

Melanie Hill, Executive Director
Health Services Development Agency
Andrew Jackson Bldg., 9th Floor
502 Deadrick Street
Nashville, TN 37243

Dear Ms. Hill:

I am writing this letter in support of Hospice Alpha Inc.'s request for a Certificate of Need Approval. Our Long Term Care Nursing Facility is located in Linden (Perry County) TN. I feel that our Community and Nursing Facility could benefit from a Hospice Agency in this county and the surrounding counties.

Your favorable consideration to grant Hospice Alpha Inc.'s Certificate of Need Approval would be greatly appreciated.

Sincerely,

Brent Hinson, Administrator
Perry County Nursing Home

Humphreys County Nursing Home, Inc.
670 Highway 13 South
P.O. Box 476
Waverly, Tennessee 37185
Phone (931) 296-2532
Fax (931) 296-0829

April 15, 2014

Melanie Hill, Executive Director
Health Services Development Agency
Andrew Jackson Building
9th Floor
502 Deadrick Street
Nashville, TN 37243

Dear Mrs. Hill,

I am writing this letter in support of Hospice Alpha Inc.'s request for a Certificate of Need Approval. My office is located in Humphreys County. As a nursing home administrator, I am a strong supporter of hospice care and the many services hospice provides residents and families. I have been with many families and residents at the end of life's journey and witnessed the beneficial services of hospice. Humphreys County does not have a hospice company.

Your favorable consideration to grant Hoapice Alpha Inc.'s Certificate of Need approval would be greatly appreciated.

Sincerely,
Bill Sullivan
Nursing Home Administrator and Preceptor

Demographic Variable/Geographic Area	Benton	Chester	Decatur	Hardin	Henderson	Hickman	Humphrey	Lawrence	Lewis	McNairy	Perry	Wayne	Svc Area	TN Total
Total Pop. 2014	16,257	17,472	11,822	26,012	28,186	24,422	18,498	42,329	12,112	26,582	8,014	16,854	248,560	6,588,698
Total Pop. 2018	16,104	17,999	12,080	26,244	28,631	24,698	18,561	42,387	12,224	27,299	8,096	16,724	251,047	6,833,509
Total Pop. % Change	-0.9%	3.0%	2.2%	0.9%	1.6%	1.1%	0.3%	0.1%	0.9%	2.7%	1.0%	-0.8%	1.0%	3.7%
65+ Pop. 2014	3,701	2,749	2,579	5,397	4,737	3,953	3,575	7,483	2,200	5,064	1,707	3,005	46,150	981,984
65+ Pop. 2018	3,864	2,926	2,634	5,832	5,232	4,576	3,809	8,001	2,484	5,465	1,909	3,219	49,951	1,102,413
65+ % change	3.3%	2.3%	-0.1%	4.2%	4.8%	5.8%	3.4%	3.5%	5.7%	3.3%	6.3%	3.9%	3.8%	6.1%
65+ Pop. As % of Total 2018	24%	16%	22%	22%	18%	19%	21%	19%	20%	20%	24%	19%	20%	16%
Median Age	41.6	34.1	41.2	39.8	37.3	36.3	39.0	36.2	37.3	39.1	39.8	37.3	[redacted]	38.0
Median Household Income	33,663	42,097	34,146	33,044	37,784	42,330	41,943	36,663	33,956	33,066	32,101	35,377	[redacted]	44,140
TennCare Enrollees	3,385	3,355	2,459	6,164	5,963	5,238	3,401	8,399	2,435	6,714	1,809	2,837	52,159	1,184,986
TennCare Enrollees as % of Total	20.8%	19.2%	20.8%	23.7%	21.2%	21.4%	18.4%	19.8%	20.1%	25.3%	22.6%	16.8%	21.0%	18.0%
Persons Below Poverty Level	3,316	2,953	2,471	5,775	4,933	3,981	2,590	7,619	2,350	6,247	1,939	3,489	47,662	1,139,845
Persons Below Poverty Level as a % of Total	20.4%	16.9%	20.9%	22.2%	17.5%	16.3%	14.0%	18.0%	19.4%	23.5%	24.2%	20.7%	19.2%	17.3%

Notes: 2014 and 2018 Population Data from TDOH, Office of Policy, Planning and Assessment, Division of Health Statistics

Median Age from US Census Bureau, FactFinder (Attachment C.Need.4.a).

TennCare Enrollees from Tennessee Bureau of TennCare, Enrollees, as of December 2013.

Persons Below Poverty Level as a % of Total and Median Household Income from US Census Bureau, State and County QuickFacts, 2008-2012.

Persons below Poverty Level from (Total Population of 2014) times (Persons Below Poverty as % of Total 2008-2012).

HOSPICE ALPHA INC
102 North Popular St. Linden, TN 37096.

April 21, 2014

Health Services Development Agency
Andrew Jackson Bldg., 9TH Floor
502 Deadrick Street
Nashville, TN 37243.

RE: Hospice Alpha, Inc-CN1404-010

Hospice Alpha, Inc. has sufficient cash reserves to fund all the necessary costs to initiate home care hospice services as outlined in this application. The estimated required capital for startup is expected to be $100,000.00 and funds have been dedicated for that purpose.

Respectfully,

Chike R. Mbonu,CFO
Hospice Alpha Inc

Buffalo River Review

PO Box 914 • 115 South Mill St.
Linden, TN 37096
(931)589-2169 • Fax (931)589-3858

Email Addresses
Ads or General Information:
brreview@tds.net
News Copy Only:
brreditor@tds.net

Website:
www.buffaloriverreview.com

SUPPLEMENTAL - # 1
May 30, 2014
3:15pm

RE: Health Services & Development Agency

AFFIDAVIT OF PUBLICATION

STATE OF TENNESSEE
COUNTY OF PERRY

I, Sherri Groom, do swear that I am General Manager of the *Buffalo River Review*, a weekly newspaper published in Perry County, Tennessee, Town of Linden, having an actual and bona fide circulation in Perry County and that the NOTICE, of which the annexed and attached is a true copy, was published for *one(1)* week, as follows, to-wit:

Wednesday, April 9, 2014

Sherri Groom, General Manager
The *Buffalo River Review*

Subscribed and sworn to before me this *9th* day of *April*, 2014.

Ginger Edwards, Notary Public

My commission expires *April 30, 2017*

GINGER EDWARDS
STATE OF TENNESSEE NOTARY PUBLIC
PERRY COUNTY, TENN.

curve to the right having a radius of 287.19 ft. (chord bearing and distance of South 68 deg., 26 min., 15 sec., West 201.46 ft.) and an arc length of 205.83 ft. to a point; thence North 89 deg., 52 min., 47 sec., West 210.39 ft. to a point; thence South 86 deg., 37 min., 57 sec., West 204.30 ft. to a point; thence with a curve to the right having a radius of 624.78 ft. (chord bearing and distance of North 70 deg., 31 min., 10 sec., West 366.40 ft.) and an arc length of 371.86 ft. to a point; thence North 51 deg., 51 min., 17 sec., West 104.54 ft. to a found iron rod near the North margin of Hurricane Creek Road, said iron rod being the southeast corner of the Roy Sharp property (Dd. Bk. R-20, Pg. 678) and the southwest corner of the tract herein described; thence with the East line of Sharp, North 36 deg., 51 min., 18 sec., East 80.73 ft. to a point; thence North 57 deg., 16 min., 48 sec., East 51 min., 18 sec., East 80.73 ft. to a point; thence North 57 deg., 16 min., 48 sec., East 236.36 ft. to a found iron rod; thence North 73 deg., 08 min., 28 sec., East 609.23 ft. to a fence corner, said fence corner being the northeast corner of Sharp, an interior corner of the Joyce Morris property (Dd. Bk. D-6, Pg. 738) and an interior corner of the tract herein described; thence with the East line of Morris being a red painted line per Chancery Court Judgment (Dd. Bk. B-4, Pg. 484), North 37 deg., 34 min., 11 sec., East 625.21 ft. to a marked 10" white oak in the west line of the Justin Griggs property (Dd. Bk. D-8, Pg. 78); thence with the West line of Griggs, South 12 deg., 21 min., 06 sec., West 239.38 ft. to a 20" white oak; thence South 07 deg., 49 min., 16 sec., West 101.44 ft. to a 20" white oak; thence South 03 deg., 41 min., 24 sec., West 261.18 ft. to a 14" white oak; thence South 07 deg., 53 min., 27 sec., West 68.57 ft. to a 6" white oak; thence South 02 deg., 31 min., 37 sec., West 219.82 ft. back to the point of beginning containing 56.75 acres as surveyed by Land Development Group, Inc., (Daryl W. Isbell TN RLS 2148). Address: 16520 Highway 104 North, P.O. Box 304, Lexington, TN 38351. All iron pins are ½" dia. and stamped with identification cap "LDG INC". November 19, 2013. Bearings relative to Grid North.

Being a portion of the same property conveyed to Bud Sharp, by deed from Albert Pewahouse, dated February 12, 1951, of record in Deed

738); thence with the East line of Morris being a red painted line per Chancery Court judgment (Dd. Bk. B-4, Pg. 484), North 02 deg., 30 min., 29 sec., East passing a found iron stake 1150.84 ft. in all 1163.29 ft. to a point in the center of Hurricane Creek; thence with the center of Hurricane Creek, South 85 deg., 14 min., 07 sec., East 83.19 ft. to a point; thence South 79 deg., 43 min., 34 sec., East 106.01 ft. to a point; thence South 58 deg., 30 min., 51 sec., East 112.59 ft. to a point; thence South 55 deg., 03 min. 17 sec., East 80.23 ft. to a point; thence South 64 deg., 20 min., 37 sec., East 109.88 ft. to a point; thence South 78 deg., 11 min., 43 sec., East 47.98 ft. to a point; thence North 25 deg., 47 min., 03 sec., East 98.79 ft to a point near the South margin of Hurricane Creek Road; thence with the South margin of Hurricane Creek Road, with a curve to the left having a radius of 664.78 ft. (Chord bearing and distance of South 70 deg., 34 min., 32 sec., East 392.55 ft.) and an arc length of 398.48 ft. to a point; thence North 86 deg., 37 min., 57 sec., East 205.08 ft. to a point; thence South 89 deg., 52 min., 47 sec., East 209.56 ft. to a point; thence with a curve to the left having a radius of 327.19 ft. (chord bearing and distance of North 68 deg., 22 min., 05 sec., East 231.03 ft.) and an arc length of 236.12 ft. to a point; thence North 44 deg., 33 min., 32 sec., East 74.68 ft. back to the point of beginning containing 56.75 acres as surveyed by Land Development Group, Inc., (Daryl W. Isbell TN RLS 2148). Address: 16520 Highway 104 North, P.O. Box 304, Lexington, TN 38351. All iron pins are ½" dia. and stamped with identification cap "LDG INC". November 19, 2013. Bearings relative to Grid North.

Being a portion of the same property conveyed to Bud Sharp, by deed from Albert Pewahouse, dated February 12, 1951, of record in Deed

NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

188

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $100,000.00.

The anticipated date of filing the application is: April 14, 2014.

The contact person for this project is E. Graham Baker, Jr., Attorney, who may be reached at 2021 Richard Jones Road, Suite 120, Nashville, Tennessee, 37215, 615/370-3380.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

B 4/9

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

0101729173

189

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

Affidavit of Publications

Newspaper: Jackson Sun 7 Dav

State Of Tennessee

TEAR SHEET ATTACHED

Account Number: 111041JS
Advertiser: E. GRAHAM BAKER, JR.

RE: HOSPICE ALPHA, INC. NOI

I, V Leary **Sales Assistant** for the above mentioned newspaper, hereby certify that the attached advertisement appeared in said newspaper on the following dates:

4/9/2014 V Leary

Subscribed and sworn to me this 18 day of April, 2014

Lola Bates
NOTARY PUBLIC

LOLA BATES
STATE OF TENNESSEE
NOTARY PUBLIC
MADISON COUNTY
MY COMMISSION EXPIRES 6/15/15

WONDERWORD

By DAVID OUELLET

HOW TO PLAY: All the words listed below appear in the puzzle — horizontally, vertically, diagonally, even backward. Find them and CIRCLE THEIR LETTERS ONLY. DO NOT CIRCLE THE WORD. The leftover letters spell the Wonderword.

SOREL (FOOTWEAR) Solution: 6 letters

T	S	E	U	Q	N	O	C	S	E	C	A	L	S	W
A	N	I	U	Q	A	Y	S	E	O	H	S	O	D	H
R	E	H	T	A	E	L	G	L	A	C	Y	N	R	I
G	A	D	A	N	A	C	U	B	Y	S	F	I	O	T
L	K	S	W	K	H	M	U	N	G	O	T	F	F	E
A	E	C	E	I	B	C	A	U	O	R	U	O	X	U
C	R	O	C	I	K	M	L	R	A	E	E	T	O	L
I	S	T	A	L	F	A	P	K	L	S	I	E	H	B
E	S	I	E	U	G	R	S	B	M	E	D	I	N	A
R	N	A	A	U	E	I	A	E	F	Z	E	N	Y	T
E	G	K	H	H	K	R	D	I	L	I	R	H	L	S
T	I	C	T	A	U	N	Y	G	U	S	W	O	O	L
N	S	A	N	D	A	L	S	E	R	A	E	R	N	E
I	E	L	P	R	U	P	R	E	R	O	L	P	X	E
W	D	B	B	R	O	W	N	M	Y	G	S	D	I	K

Beige, Black, Blue, Boots, Brand, Brown, Buckle, Canada, Chic, Chugalug, Columbia, Conquest, Designs, Durable, Explorer, Flexy, Glacier, Glory, Green, Grey, Heel, Kaufman, Kids, Laces, Lake, Leather, Medina, Nakiska, Nylon, Oxfords, Purple, Red, Sandals, Scotia, Shoes, Sizes, Sleek, Sneakers, Tofino, Warm, Weatherproof, White, Winter, Wool, Yaquina, Youth

Yesterday's Answer: Knowledge

Treasury 12, 13, 14 or 15 can be purchased online at wordwizard.universaluclick.com. (Contain 130 puzzles.)

182.30 feet to the point of beginning. Being Lot 34, Section I, Woodland Hills Addition platted as aforesaid, as surveyed by David Hall Land Surveying Company, R.L.S. #943, on November 16, 1992. Being the same real estate conveyed to grantors herein by deed of record in Deed Book 534, Page 870, in the Register's Office of Madison County, Tennessee. (Legal Description taken from prior deed.) Being the same real estate conveyed to Demetra C. Love by deed of record in Deed Book 683, Page 1287, in the Register's Office of Madison County, Tennessee. PROPERTY ADDRESS: 11 Oakridge Dr, Jackson, TN 38305. (Tax...

Continued from last column

Continued from last column

RENT OWNERS): Demetra C. Love The sale of the above described property shall be subject to all matters shown on any recorded plats, any unpaid taxes, any restrictive covenants, easements or set-back lines that may be applicable; any prior liens or encumbrances as well as any priority created by a fixture filing; and any matter that an accurate survey of the premises might disclose. Substitute Trustee will only convey any interest he/she may have in the property at the time of sale. Property is sold "as is, where is." SUBORDINATE LIENHOLDERS: Bancorpsouth Bank, West Tennessee Bone & Joint...

Continued from last column

CLAIM #2, for every lien or claim of lien of the state identified above, please be advised notice required by § 67-1-1433 (b)(1) was timely given and that any sale of the property herein referenced will be subject to the right of the state to redeem the land as provided for in § 67-1-1433(c)(1). All right and equity of redemption, statutory or otherwise, homestead, and dower are expressly waived in said Deed of Trust, and the title is believed to be good, but the undersigned will sell and convey only as Substitute Trustee. The right is reserved to adjourn the day of the sale to another day, time, and place certain without further publication, upon...

Continued from last column

THE ACES ON BRIDGE®

Bobby Wolff

"That was a mistake studying to be a cat."

— Wilson Mizner

Before falling prey to the knee-jerk reaction of taking your trump tricks when you can, "before the rats get at them," stop to consider the implications.

At the table, West naturally led a heart against four spades. East curbed two of his ten hearts, then continued with a third. West was quick to ruff in with the queen in front of dummy. Declarer took the diamond return on the table, and with dummy's two trumps still intact, he was able to run the nine successfully. South continued by finessing the 10, and with the ace dropping East's king on the third round of the suit, he was able to claim 10 tricks.

See the difference if West elects to discard on the third heart, rather than ruff. Declarer ruffs in dummy, yes, but the consequence of this is that dummy is now reduced to one trump. This means that only one trump finesse can be taken. Declarer duly takes it, and West wins with the queen and returns a diamond.

With no trumps left in dummy, and lacking the ability to reduce his trumps in hand sufficiently to effect a trump coup, South will continue with the spade ace, hoping that East had started with a doubleton spade king. But this eventuality will not come to pass, and declarer ends with just nine tricks, having to concede a second trump to the spade king.

NORTH
♠ 9 6
♥ 7 2
♦ A Q 10 7
♣ A K Q 8 6

WEST
♠ 4 2
♥ 6 5
♦ 6 5 2 3
♣ 9 7 5 3 2

EAST
♠ K 8 7 3
♥ A K Q 10 9 4
♦ 9 8
♣ 10 4

SOUTH
♠ A J 10 8 6 2
♥ 3 8 3
♦ K J 4
♣ J

Vulnerable: North South
Dealer: South

The bidding:

South	West	North	East
1♠	Pass	2♣	Pass
2♠	Pass	3♠	Pass
3♠	Pass	4♠	All pass

Opening Lead: Heart six

BID WITH THE ACES

South holds:
♠ 9 6
♥ 7 2
♦ A Q 10 7
♣ A K Q 8 6

South	West	North	East
1♠	Pass	1♠	Pass
?			

ANSWER: There are some that [illegible] who would have opened this hand a strong no-trump. And equally, there are others who would now reverse into two diamonds at their second turn. I prefer to avoid clubs because I feel that a reverse — which would force clubs preference at the three-level — requires at least another working...

Why spend more money when you can clip coupons every Sunday in The Jackson Sun?

4099 Public Notices

4099 Public Notices

0100729173
NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1608, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Lindon, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Application will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $400,000.00.

The anticipated date of filing the application is: April 14, 2014.

The contact person for this project is: E. Graham Byars, Jr., Attorney, who may be reached at 2021 Richard Jones Road, Suite 120, Nashville, Tennessee, 37215, 615/370-3380.

Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:

Health Services and Development Agency
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1)(A): Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

0100729803
Notice of Change In TennCare II Demonstration Amendment 22

The Commissioner of the Tennessee Department of Finance and Administration is providing official notification, pursuant to 42 CFR § 447.205 and 59 Fed. Reg. 49249, of intent to file an amendment to the TennCare II Demonstration, as well as corresponding amendments to the Medicaid State Plan, if needed. The amendment will be filed with the Centers for Medicare and Medicaid Services (CMS), a federal agency located in Baltimore, Maryland, with a Regional Office in Atlanta, Georgia.

The State is required to meet certain advance notice obligations whenever an amendment to the TennCare Demonstration is filed. This demonstration amendment, which will be known as "Amendment 22," is being filed with a proposed effective date of July 1, 2014.

Amendment 22 will implement maximum monthly medical copays on certain TennCare Medicaid and TennCare Standard adults. Groups of persons who are exempt from these copays include all children under age 21 and the groups listed at 42 CFR § 447.56(a)(1)(i-iii)-(vii). However, in accordance with 42 CFR § 447.54(c), no persons will be exempt from the $8 copay on non-emergency use of the Emergency Room listed below.

Certain services are exempt from copays. These services are listed at 42 CFR § 447.56(a)(2)(i-iv).

The specific copays to be implemented include the following:

1. Inpatient stays. $75 per admission.
2. Outpatient visits. $4 per visit except that no co-pay will be associated with visits from a home health aide, home health nurse or private duty nurse and no co-pay will be associated with visits to a community mental health center or outpatient substance abuse treatment facility.
3. Non-emergency use of the Emergency Room. $8 per occasion, defined as a single day.

In accordance with 42 CFR § 447.52(d), providers may require an enrollee to pay cost sharing as a condition of receiving the service if the individual has a family income that exceeds 100 percent of the Federal Poverty Level.

In accordance with 42 CFR § 447.56(f), copays incurred by all enrollees in a TennCare household may not exceed an aggregate limit of 5 percent of the family's income, applied on a quarterly basis. Copays to be included in the aggregate limit will be those identified in this notice plus copays that are already in place.

Amendment 22 will also include a request to implement a limit on dispens of 200 per month for adults aged 21 and older who receive these items on an outpatient basis and who need them for medical reasons.

It is the state's intention to submit this amendment to CMS with the request that it be approved in time for implementation to occur July 1, 2014. Corresponding State Plan Amendments will be filed, where appropriate. We estimate that implementation of the amendment and corresponding State Plan changes will result in a decrease in aggregate annual expenditures of $15,579,700 in State and Federal funds in State Fiscal Year 2015.

Copies of this notice will be available in each county office of the Tennessee Department of Health, and on the TennCare website located online at: http://www.tn.gov/tenncare/. Written comments may be submitted by email to Susie.Baird@tn.gov or may be mailed to Mr. Darin Gordon, Director, Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243. Persons wishing to review copies of written comments received may submit their requests to the same email and/or physical address.

TODAY'S CROSSWORD PUZZLE

Sponsored by www.wth.org

PREVIOUS PUZZLE SOLVED

ACROSS
1 Rummy or tag
5 Take a powder
10 Prefix for "second"
14 Baking-powder ingredient
15 Hunger for
16 Just scraped by
17 Ricky Ricardo
18 "I Came From — Space"
19 Flamingo, for one
20 Whiskery dog
22 Backs financially
23 Blow it
24 Churn
25 Exercise goal
29 Glacial deposit
33 Is a party to
34 "Right on!"
36 Haughty type
37 W-2 info
38 Importuned
39 Stocky horse
40 Dick Tracy's wife
42 Tirade
43 Nonchalant
45 Skulked about
47 Kind of glass
49 Velvety surface
50 Cleaning cloth
51 Gusting
54 Putin's grannies
60 "I had no —!"
61 Watering places
62 Tangy
63 Make muddy
64 First sign
65 Ontario neighbor
66 House wings
67 Small coin
68 Gallivant

DOWN
1 Flits about
2 Waugh or Baldwin
3 Cornmeal product
4 Renowned
5 Looks high and low
6 Vera —, Mexico
7 Have status
8 Swear to
9 Cousteau's domain
10 Interstellar clouds
11 Comparable
12 Geek
13 Bookie's figures
21 Warmonger of myth
22 Like the horizon
24 Ducks' haunt
25 Doesn't eat
26 "Ghosts" writer
27 Uptight
28 Soup alternative
29 Gets introduced
30 Of an Andes empire
31 Lasso
32 Dwindled
35 Opposite of max
36 Kind of school
41 Flip-flops
43 Meadow murmurs
44 More faded
46 Boastful knight
48 Dependable
51 Metal thread
52 Goddess's statue
53 Simon or Diamond
54 Pain in the neck
55 Org.
56 "How've ya --?"
57 Syrup brand
58 Diva's rendition
59 Wineglass part
61 Caveman from Mad

Want more puzzles?
Check out the "Just Right Crossword Puzzles" books at QuillDriverBooks.com

Play online at jacksonsun.com/crossword

Continued from last column

announcement at the time and place for the sale set forth above. PRIORITY TRUSTEE SERVICES OF TN, LLC 1587 Northeast Expressway Atlanta, Georgia 30329 File No.: 1R1309013 Web Site: www.realegal.com TS#: 1R1309013 FEI # 2012.00206 04/02/2014, 04/09/2014, 04/16/2014, 04/23/2014

0100729904
PUBLIC NOTICE
All American Storage,
1654 N. Parkway, Jackson, TN. 38301 - 731-424-3275
Due to the following units being delinquent pursuant to Tenn. Code 66-31-101. An Auction will be held Wed., April 16th, 2014 at 10:00 AM

Continued from last column

85 - Dina Maness
95 - Brandy Bond
72 - Tynisha Cole
46 - Alayna Chatman
13 - Jacqueline Fuller
21 - Patty Jordan
#102 - Charles Bethea

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4099 Public Notices

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4099 Public Notices

4099 Public Notices

Notice of Public Auction

TVA

Tennessee Valley Authority
Beech River Watershed Authority
Redbud Reservoir

Beech River Watershed Development Authority (BRWDA), acting as agent for the Tennessee Valley Authority (TVA), proposes to sell at public auction 59 individual lots (totaling approximately 57 acres, more or less), to be used for residential development purposes only, located on Redbud Reservoir in Henderson County, Tenn. (TVA Tract No. XTBRDC-1). The lots will be sold to the qualified bidders offering the highest bids for cash (checks accepted).

Use of the land will be restricted to residential purposes only.

The auction will be held at The Otto Britt Building, Lexington Fairgrounds, 106 First Street, Lexington, TN 38351 on Saturday, May 17, 2014, at 10:00 a.m. CDT.

The Notice of Public Auction ("Notice") specifically describes the land to be sold and the minimum acceptable bid for each lot. Lakefront and lake-view lots are available. The land will be sold pursuant to the special terms and conditions, covenants, restrictions, reservations, exceptions, and/or limitations specifically set forth in the Notice and as may be announced on the day of the auction. BRWDA will reserve the right to reject any and all bids.

A copy of the notice can be obtained from the TVA website at www.tva.gov/surplus/realestate.htm or the BRWDA office. For more detailed information regarding the sale and bid requirements, or to inspect the land, contact:

Beech River Watershed Development Authority
149 Eastern Shores Drive
P.O. Box 477
Lexington, TN 38351
Telephone: 731-968-6191
brwdalakes@gmail.com

0101728806

191

SUPPLEMENTAL- # 1
May 30, 2014
3:15pm

Affidavit of Publications

Newspaper: THE TENNESSEAN

State Of Tennessee

TEAR SHEET ATTACHED

Account Number: 496359
Advertiser: E GRAHAM BAKER, JR.

RE: NOI - Hospice Alpha, Inc.

I, V Perry **Sales Assistant** for the above mentioned newspaper, hereby certify that the attached advertisement appeared in said newspaper on the following dates:

✓
4/9/2014 V Perry

Subscribed and sworn to me this 10 day of April, 2014

Sela Bates
NOTARY PUBLIC

SELA BATES
STATE OF TENNESSEE
NOTARY PUBLIC
DAVIDSON COUNTY

BEING THE SAME PROPERTY CONVEYED TO STEVEN S. RUTLEDGE AND WIFE, NANCY T. RUTLEDGE, BY DEED DATED MAY 30, 1991 OF RECORD IN DEED BOOK 423, PAGE 359, IN THE REGISTER'S OFFICE OF WILSON COUNTY, TENNESSEE.
ALSO BEING THE SAME PROPERTY CONVEYED FROM NANCY T. RUTLEDGE, TO STEVEN S. RUTLEDGE, HIS HEIRS AND ASSIGNS, BY QUITCLAIM DEED DATED JULY 26, 2004 OF RECORD IN BOOK 1070, PAGE 235, IN THE REGISTER'S OFFICE OF WILSON COUNTY, TENNESSEE.
THIS IS IMPROVED PROPERTY KNOWN AS 381A GREEN HARBOR RD., OLD HICKORY, TENNESSEE 37138.
MAP 051E GROUP A PARCEL 012.00
THE SALE OF THE SUBJECT PROPERTY IS WITHOUT WARRANTY OF ANY KIND, AND IS FURTHER SUBJECT TO THE RIGHT OF ANY TENANT(S) OR OTHER PARTIES OR ENTITIES IN POSSESSION OF THE PROPERTY.
THIS SALE IS SUBJECT TO ANY UNPAID TAXES, IF ANY, ANY PRIOR LIENS OR ENCUMBRANCES LEASES, EASEMENTS AND ALL OTHER MATTERS WHICH

Continued to next column

described; WHEREAS, the said Deed of Trust was last assigned to U.S. BANK NATIONAL ASSOCIATION; the entire indebtedness having been declared due and payable by U.S. BANK NATIONAL ASSOCIATION, being the present owner/holder or authorized agent, designee or servicer of the holder/owner of said indebtedness, has requested foreclosure proceedings to be instituted; and as provided in said Deed of Trust, I, J. PHILLIP JONES, will by virtue of the power and authority vested in me as Substitute Trustee, on THURSDAY, MAY 1, 2014 AT 12:00 P.M. (NOON), AT THE FRONT DOOR TO THE WILSON COUNTY COURTHOUSE ON EAST MAIN STREET IN LEBANON, WILSON COUNTY, TENNESSEE, sell to the highest bidder for cash, free from the equity of redemption, homestead, and dower, and all other exemptions which are expressly waived, and subject to any unpaid taxes, if any, the following described property in WILSON County, Tennessee, to wit:
PROPERTY LOCATED IN THE COUNTY OF WILSON, TENNESSEE:
LAND IN WILSON COUNTY, TENNESSEE BEING ALL OF

Continued to next column

THAT PURPOSE.
This day, March 6, 2014. This is improved property known as 1001 WOODALL ROAD, LEBANON, TENNESSEE 37090.
J. PHILLIP JONES, SUBSTITUTE TRUSTEE
1800 HAYES STREET
NASHVILLE, TN 37203
(615) 254-4430
www.phillipjoneslaw.com
F14-0210

0101725900
SUBSTITUTE TRUSTEE'S SALE

Sale at public auction will be on **May 8, 2014 at 1:00 PM local time,** at the East Entrance, inside the Lobby of the Main Floor, Sumner County Courthouse, 101 Public Square, Gallatin, TN 37066, conducted by Shapiro & Kirsch, LLP Substitute Trustee, pursuant to Deed of Trust executed by Mark Steven Johnson, II and wife, Brittney Mason Johnson, to Hugh M. Queener, Trustee, on April 14, 2011 at Record Book 3417, Page 798; all of record in the Sumner County Register's Office.
Party entitled to enforce security interest: JPMorgan Chase Bank, National Association, its successors and assigns
The following real estate located in

Continued to next column

ject to confirmation by the lender or trustee. This sale may be rescinded at any time.
Shapiro & Kirsch, LLP Substitute Trustee
www.auction.com
Law Office of Shapiro & Kirsch, LLP
555 Perkins Road Extended, Second Floor
Memphis, TN 38117
Phone (901)767-5566
Fax (901)761-5690
File No. 14-056432

0101729083
NOTICE TO CONTRACTORS OF STATE HIGHWAY CONSTRUCTION BIDS TO BE RECEIVED ON APRIL 30, 2014

Sealed Bids will be received by the Town of Smyrna, Tennessee at their offices in Smyrna Town Hall, 315 South Lowry Street, Smyrna, Tennessee until 10:00 A.M., April 30, 2014 and opened publicly at Smyrna Town Hall, 315 South Lowry Street, Smyrna, Tennessee at that hour. The reading of the bids will begin at 10 A.M.
Proposals should be mailed or hand delivered to:
Rex S. Gaither, Finance Director
Smyrna Town Hall
Sealed Proposal on Espeyland Trailhead Improvements-Smyrna Greenway System
315 South Lowry

Continued to next column

SINGLE MAN, to R.

Continued to next column

Continued to next column

Public Notices

Public Notices

0101728639
RETAIL LIQUOR LICENSE NOTICE

Take notice that Hillsboro & Vine, LLC, 511 Union Street, Suite 2700, Nashville, Tennessee 37219, has applied to Metropolitan Government of Nashville and Davidson County for a certificate of compliance and has or will apply to the Tennessee Alcoholic Beverage Commission at Nashville for a retail liquor license for a store to be named Hillsboro & Vine and to be located at 2006 Belcourt Avenue, Nashville, Tennessee 37212, which is currently owned by Hung M. Chen and wife, Mellien S. Chen, 3837 Creekside Drive, Nashville, Tennessee 37211. Hillsboro & Vine, LLC is a limited liability company owned by Merritt Davis Goetz, Jr., President, 901 Clearview Drive, Nashville, Tennessee 37205, Morris Reid Estes, Jr., Vice President, 3110 Forrest Park Drive, Nashville, Tennessee 37215, James Anthony Mulloy, Secretary, 4429 East Brookfield Avenue, Nashville, Tennessee 37205, and Marina Silvano Prado Talmadge, Treasurer, 1249 Twelve Stones Crossing, Goodlettsville, Tennessee 37072.

All persons wishing to be heard on the certificate of compliance may personally or through counsel appear or submit their views in writing at the Department of Law, Suite 108, Metro Courthouse, Nashville, TN on **Wednesday, April 23, 2014 at 10:00 A.M.**

The Tennessee Alcoholic Beverage Commission will consider the application at a date to be set by the Tennessee Alcoholic Beverage Commission in Nashville, Tennessee. Interested persons may personally or through counsel submit their views in writing by the hearing date to be scheduled by the TABC.

Anyone with questions concerning this application or the laws relating to it may call or write the Alcoholic Beverage Commission at Davy Crockett Tower, 500 James Robertson Parkway, Third Floor, Nashville, TN 37243, or (615) 741-1602.

0101726806
NOTIFICATION OF INTENT TO APPLY FOR A CERTIFICATE OF NEED

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $100,000.00.
The anticipated date of filing the application is: April 14, 2014.
The contact person for this project is E. Graham Baker, Jr., Attorney, who may be reached at 2021 Richard Jones Road, Suite 120, Nashville, Tennessee, 37215, 615/370-3380.
Upon written request by interested parties, a local Fact-Finding public hearing shall be conducted. Written requests for hearing should be sent to:
Health Services and Development Agency
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243
The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

aide, home health nurse or private duty nurse and no co-pay will be associated with visits to a community mental health center or outpatient substance abuse treatment facility.
3. Non-emergency use of the Emergency Room: $8 per occasion, defined as a single day.

In accordance with 42 CFR § 447.52(e), providers may require an enrollee to pay cost-sharing as a condition of receiving the service if the individual has a family income that exceeds 100 percent of the Federal Poverty Level.

In accordance with 42 CFR § 447.56(f), copays incurred by all enrollees in a TennCare household may not exceed an aggregate limit of 5 percent of the family's income, applied on a quarterly basis. Copays to be included in the aggregate limit will be those identified in this notice plus copays that are already in place.

Amendment 22 will also include a request to implement a limit on diapers of 200 per month for adults aged 21 and older who receive these items on an outpatient basis and who need them for medical reasons.

It is the state's intention to submit this amendment to CMS with the request that it be approved in time for implementation to occur July 1, 2014. Corresponding State Plan Amendments will be filed, where appropriate. We estimate that implementation of the amendment and corresponding State Plan changes will result in a decrease in aggregate annual expenditures of $19,529,700 in State and Federal funds in State Fiscal Year 2015.

Copies of this notice will be available in each county office of the Tennessee Department of Health, and on the TennCare website located online at http://www.tn.gov/tenncare/. Written comments may be submitted by email to Susie.Baird@tn.gov or may be mailed to Mr. Darin Gordon, Director, Bureau of TennCare, 310 Great Circle Road, Nashville, Tennessee 37243. Persons wishing to review copies of written comments received may submit their requests to the same email and/or physical address.

RECEIVED
AUG 12 2014
TN HEALTH SERVICES & DEVELOPMENT AGENCY

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Lexington Manor
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Amber Larue RN, Clinical Supervisor
Intrepid USA HealthCare Services
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Amy McKenzie RN
Branch Manager
Volunteer Home Care
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Decatur* county in addition to the following counties: Benton, Chester, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Angela Puckett, RN/ ADON
DeCatur County General Hospital

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

Life Care Center of Centerville

112 Old Dickson Road/Centerville, Tennessee 37033
(931) 729-4236 / (931) 729-5489 FAX

July 11, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in ***Hickman*** County in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Beverly Wall, ED

Beverly Wall, ED

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Bonnie Graffitt RN CM
Henderson County Community Hospital
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

CARIS
healthcare
Hospice: Your Life, Our Mission

RECEIVED
AUG 06 2014

August 5, 2014

Ms. Melanie Hill, Executive Director
Health Services & Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

RE: Hospice Alpha, Inc., CN1404-010 - **OPPOSITION LETTER**

Dear Ms. Hill:

We have recently learned of the above mentioned certificate of need project set to appear before the Health Service and Development Agency on August 27, 2014. Please be advised that we are opposed to CN1404-010, and would ask that the Agency deny the Hospice Alpha request to establish a new hospice agency to serve in home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties, based primarily on the fact that the proposed service area is already adequately served. **Because the aforementioned application will duplicate existing services and adversely impact the existing hospice care delivery system, I am writing this letter in opposition to the project pursuant to T.C.A., Section 68-11-1609(g)(1).**

Ms. Hill, as an existing provider in the target market, I have firsthand knowledge of the local needs being met by our agency and other licensed agencies. Consequently, the addition of another agency will not only duplicate and drive up the cost for services already provided, but it will also adversely deplete the existing nursing pool of trained nursing professionals. Consequently, the approval of the Hospice Alpha CON would negatively impact existing providers and ultimately the patients using and paying for the services by not contributing to the orderly development of health care. Our agency currently serves patients throughout the proposed service area and is quite capable and willing to admit additional patients of all ages in need of hospice care. Please note that the new Guidelines for Growth formula and projected need (surplus) for the applicant's proposed service area, as calculated by the Department of Health, Division of Health Statistics, reflects that the applicant does not meet the need criteria in that need must be shown for at least 120 additional hospice service recipients in the proposed Service Area. The projection shown in the Department of Health's report, for this project, show a projected excess of need formula of (41) patients. Clearly, additional patients can be easily served by the existing providers, who can increase utilization to accommodate growth in patient volume.

In summary, we are opposed to this CON and ask that it not be approved. There are already more than adequate existing providers delivering high quality hospice services. If you need any additional information please do not hesitate to call me.

Sincerely,

Caris Healthcare L.P. d/b/a Caris Healthcare, Columbia & Somerville Licenses

Christie Piland

Christie Piland
Regional Director of Operations for West Region

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

www.carishealthcare.com
106 Hwy 70 East, Suite 5 § Dickson, TN 37055 § 615.441.5296 § fax 615.446.8381

AUG 12 2014 12:12

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Humphreys* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Dr. Dick Jackson
Waverly, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Perry* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Kenneth Salhany DO General Practice Lobelville Tn
1983 to date

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Perry* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Kristy King MSN, APRN-BC
Perry County Medical Center
Linden, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Perry* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Lisa Hunt, RN
Perry Community Hospital
Linden, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Perry* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, and Wayne.

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Jenifer Armstrong
Program Director
Senior Care unit
Linden, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Humphreys* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Lawrence, Lewis, McNairy, Perry and Wayne

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Marsha Brannin, BSN
Three Rivers Hospital
Waverly, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

RECEIVED
AUG 13 2014

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Humphreys* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Lawrence, Lewis, McNairy, Perry, and Wayne.

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Sincerely,

Dr. Dick Jackson
Waverly, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Lawrence* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Melanie Baker RN DON
Quality First Home Care
Lawrenceburg, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Lewis* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Lisa Brandon, RN
Tennessee Quality Homecare
Hohenwald, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Lewis* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Volunteer Home Health
Hohenwald, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Decatur* county in addition to the following counties. Benton, Chester, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Sandra Mills, RN
Volunteer Home Health - Parsons, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

AUG 12 '14 AM10:14

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Decatur* county in addition to the following counties: Benton, Chester, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

James DeLaney FP-BC
Christian Medical Clinic
Parsons, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Decatur* county in addition to the following counties: Benton, Chester, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Angela Puckett, RN/ ADON
Decatur County General Hospital

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Hardin* county in addition to the following counties: Benton, Chester, Decatur, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

AUG 12 '14 AM 10:12

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Hardin* county in addition to the following counties: Benton, Chester, Decatur, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Nicole Wilson FNP-BC
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

AUG 12 2014

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Pam Davis, RN, Case Manager Supervisor
Harden Medical Center
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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Sincerely,

Jeena Wardlow Jenkins RN Dov, administrator
HMC HomeCare
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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Sincerely,

Rhonda Cummings RN BSN
Deaconess Home Care
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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Sincerely,

Jenny Campbell AA
CareAll Home Care Services
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

AUG 12'14 AM 10:15

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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Sincerely,

Karren Marshall
Care All Home Care
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

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Sincerely,

Carolyn Knight RN DON

Unity Hospice Care
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Joyce Thompson Adm.
Briarwood CLC
41 Hosp. Dr.
Lexington, Tn. 38351

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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Sincerely,

Lexington Manor
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Amber Larue RN, Clinical Supervisor
Intrepid USA HealthCare Services
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Oakhaven Retirement Home
Huron, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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Sincerely,

Bonnie Scaffidi RN CM
Henderson County Community Hospital
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

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Sincerely,

Amy McKenzie RN
Branch Manager
Volunteer Home Care
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Family Physicians
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

AUG 12 2014 10:12

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Humphreys* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

FNP
Waverly, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

waller

Waller Lansden Dortch & Davis, LLP
511 Union Street, Suite 2700
P.O. Box 198966
Nashville, TN 37219-8966

Kim Harvey Looney
615.850.8722 direct
kim.looney@wallerlaw.com

615.244.6380 main
615.244.6804 fax
wallerlaw.com

August 12, 2014

VIA HAND DELIVERY

Melanie Hill
Health Services and Development Agency
Andrew Jackson Building
9th Floor
502 Deaderick Street
Nashville, TN

Re: Hospice Alpha, Inc. CN1404-010

Dear Melanie:

This is to provide official notice that our client, Hospice Compassus, wishes to oppose the application of Hospice Alpha, Inc. for the establishment of a home care organization to provide hospice services in Benton, Chester, Decatur, Hardin, Henderson, Humphreys, Lawrence, Lewis, McNairy, Perry and Wayne Counties. Hospice Compassus currently provides services in Hickman, Lawrence and Lewis counties. This application will be heard at the August meeting.

Hospice Compassus respectfully requests that the HSDA deny this request. If you have any questions, please give me a call at 850-8722 or by email at kim.looney@wallerlaw.com.

Sincerely,

Kim Harvey Looney

KHL:lag
cc: Russ Adkins (Hospice Compassus)
Edie Rimas (Hospice Compassus)
E. Graham Baker, Jr.., Esq.

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Decatur* county in addition to the following counties: Benton, Chester, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

James DeLaney FP-BC
Christian Medical Clinic
Parsons, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Perry* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, and Wayne.

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Jenifer Armstrong
Program Director
Senior Care unit
Linden, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Humphreys* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Lawrence, Lewis, McNairy, Perry, and Wayne.

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We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

FNP
Waverly, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Hardin* county in addition to the following counties: Benton, Chester, Decatur, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

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Sincerely,

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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Sincerely,

Jenny Campbell AA
CareAll Home Care Services
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

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Sincerely,

Joyce Thompson Adm.
Briarwood CLC
41 Hosp. Dr.
Lexington, Tn. 38351

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

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Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
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Nashville, TN 37243

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Sincerely,

Karren Marshall
Care All Home Care
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
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Sincerely,

Kenneth Salhany DO General Practice Lobelville Tn
1983 to date

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Lewis* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Volunteer Home Health
Hohenwald, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Perry* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Kristy King MSN, APRN-BC
Perry County Medical Center.
Linden, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

LETTER OF INTENT
TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is to be published in the *The Tennessean* which is a newspaper
(Name of Newspaper)

of general circulation in Humphreys, Hickman, Lawrence, Lewis & Wayne on or before April 9, 2014 for one day.
(Counties) (Month / day) (Year)

==========

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $100,000.00.

The anticipated date of filing the application is: April 14, 2014.

The contact person for this project is E. Graham Baker, Jr. (Contact Name) Attorney (Title)

who may be reached at: his office at (Company Name) 2021 Richard Jones Road, Suite 120 (Address)

Nashville	TN	37215	615/ 370-3380
(City)	(State)	(Zip Code)	(Area Code / Phone Number)

E Graham Baker, Jr (Signature) 04/08/14 (Date) graham@grahambaker.net (E-mail Address)

==========

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243

==========

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

==========

LETTER OF INTENT
TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is to be published in the *The Jackson Sun* which is a newspaper
(Name of Newspaper)

of general circulation in Benton, Chester, Decatur, Hardin, Henderson & McNairy on or before April 9, 2014
for one day. (Counties) (Month / day) (Year)

==========

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $100,000.00.

The anticipated date of filing the application is: April 14, 2014.

The contact person for this project is E. Graham Baker, Jr. (Contact Name) Attorney (Title)

who may be reached at: his office at (Company Name) 2021 Richard Jones Road, Suite 120 (Address)

Nashville (City) TN (State) 37215 (Zip Code) 615/ 370-3380 (Area Code / Phone Number)

E. Graham Baker, Jr. (Signature) 04/08/14 (Date) graham@grahambaker.net (E-mail Address)

==========

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243

==========

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

==========

HF0051 (Revised 7/02 – all forms prior to this date are obsolete)

APR 8 '14 PM 1:02

LETTER OF INTENT
TENNESSEE HEALTH SERVICES AND DEVELOPMENT AGENCY

The Publication of Intent is to be published in the *Buffalo River Review* (Name of Newspaper) which is a newspaper

of general circulation in Perry (Counties) on or before April 9, 2014 (Month / day) (Year) for one day.

==========

This is to provide official notice to the Health Services and Development Agency and all interested parties, in accordance with T.C.A. §68-11-1601, et seq., and the Rules of the Health Services and Development Agency, that Hospice Alpha, Inc., 102 N. Poplar Street, Linden, Tennessee 37096, owned and managed by itself, is applying for a Certificate of Need for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. There is no major medical equipment involved with this project. No other health services will be initiated or discontinued. It is proposed that the Applicant will be licensed by the Tennessee Department of Health. The estimated project cost is anticipated to be approximately $100,000.00.

The anticipated date of filing the application is: April 14, 2014.

The contact person for this project is E. Graham Baker, Jr. (Contact Name) Attorney (Title)

who may be reached at: his office at (Company Name) 2021 Richard Jones Road, Suite 120 (Address)

Nashville (City)	TN (State)	37215 (Zip Code)	615/ 370-3380 (Area Code / Phone Number)

E. Graham Baker, Jr. (Signature) 04/08/14 (Date) graham@grahambaker.net (E-mail Address)

==========

The Letter of Intent must be filed in triplicate and received between the first and the tenth day of the month. If the last day for filing is a Saturday, Sunday or State Holiday, filing must occur on the preceding business day. File this form at the following address:

Health Services and Development Agency
Andrew Jackson Building
502 Deaderick Street, 9th Floor
Nashville, Tennessee 37243

==========

The published Letter of Intent must contain the following statement pursuant to T.C.A. § 68-11-1607(c)(1). (A) Any health care institution wishing to oppose a Certificate of Need application must file a written notice with the Health Services and Development Agency no later than fifteen (15) days before the regularly scheduled Health Services and Development Agency meeting at which the application is originally scheduled; and (B) Any other person wishing to oppose the application must file written objection with the Health Services and Development Agency at or prior to the consideration of the application by the Agency.

==========

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Lewis* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Lisa Brawley, RN
Tennessee Quality Homecare
Hohenwald, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Perry* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Lisa Hunt, RN
Perry Community Hospital
Linden, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Marilyn Knight BN DON

Unity Hospice Care
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

AUG 12 '14 AM 10:15

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Oakhaven Retirement Home
Huron, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Humphreys* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Lawrence, Lewis, McNairy, Perry and Wayne

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Martha Bruning, BSN
Three Rivers Hospital
Waverly, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Lawrence* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Melanie Baker RN DON
Quality First Home Care
Lawrenceburg, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

NHC
HEALTHCARE

August 5, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in Lawrence county in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys,Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Glendora Fleeman RN

Glendora Fleeman, RN

Director of Nurses

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

374 Brink Street • P. O. Box 906 • Lawrenceburg, Tennessee 38464 (931) 762-6548
A National HealthCare Corporation Affiliate

AUG 12 '14 AM 10:17

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Hardin* county in addition to the following counties: Benton, Chester, Decatur, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Nicole Wilson FNP-BC
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

AUG 12 '14 AM 10:14

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Hardin* county in addition to the following counties: Benton, Chester, Decatur, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Pam Davis, RN, Case Management Supervisor
Hardin Medical Center
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

Unity Hospice Care

Friday, August 08, 2014

Melanie Hill, Executive Director
Health Services Development Agency
Andrew Jackson Building
9th Floor
502 Deadrick Street
Nashville, TN 37243

Dear Ms. Hill,
Having examined *Certificate of Need Reviewed by the Department of Health Division of Policy, Planning and Assessment*, I would like to convey my strong opposition to approving the Certificate of Need to Hospice Alpha, Inc. and cite the following reasons for this objection.

- **The data indicates the area is adequately served.**

  As a footnote to the table of *Projected Need for Hospital Services*, on page 7 of the document, the Department of Health Division of Policy, Planning and Assessment concludes;
  Hospice Alpha included 6 (of 12) counties that do not show a need in their service area despite the formula's direction to excluded counties where no need is shown. The formula yields a -41 need for hospice in the applicant's designated service area. Additionally, the formula states a need must be shown for at least 120 additional hospice service recipients in the proposed service area. The applicant meets neither of these criteria.

  In addition to these observations, the Hospice Penetration Rate shows that the counties of Chester is 1% less and Lawrence is 2% less, as well as Lewis is 7% less and Hardin is 8% less than 80% of the Statewide Median Hospice Penetration Rate. The conservative margin of error, of 5-10%, that these numbers usually require, would suggest that another 2 – 4 counties may also be adequately served by existing providers. This would leave only 2-4 counties of the 12 to support the Certificate of Need.

- **Statewide norms do not reflect the unique service characteristics of this area.**

  The Mennonite Community in this region is a significantly higher portion of the population, but tends to use hospice services less.

- **Potential negative impacts on the area.**

  In this area, which is already adequately served by existing providers, the introduction of an additional provider would squeeze all of the provider market shares to a point where none could continue to operate. This would have the effect of a reduction in employment and the loss of local hospice services to the area.

With these points in mind, I firmly believe it is the community's best interests not move forward with approval of the Hospice Alpha, Inc. Certificate of Need.

With Thanks and Regards,

Paul N. Bourassa
Corporate Compliance Director

3085 Fountainside Drive, Suite 101 - Germantown, TN 38138 - Phone: 901.756.7322 - Fax: 901.756.7085

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Henderson* county in addition to the following counties: Benton, Chester, Decatur, Hardin, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Family Physicians
Lexington, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

CERTIFICATE OF NEED
REVIEWED BY THE DEPARTMENT OF HEALTH
DIVISION OF POLICY, PLANNING AND ASSESSMENT
615-741-1954

DATE: June 30, 2014

APPLICANT: Hospice Alpha, Inc.
102 North Poplar Street
Linden, Tennessee 37096

CN1404-010

CONTACT PERSON: E. Graham Baker, Esquire
2021 Richard Jones Road, Suite 350
Nashville, Tennessee 37215

COST: $95,500

In accordance with Section 68-11-1608(a) of the Tennessee Health Services and Planning Act of 2002, the Tennessee Department of Health, Division of Policy, Planning, and Assessment, reviewed this certificate of need application for financial impact, TennCare participation, compliance with *Tennessee's State Health Plan*, and verified certain data. Additional clarification or comment relative to the application is provided, as applicable, under the heading "Note to Agency Members."

SUMMARY:
The applicant, Hospice Alpha, Inc., located at 102 North Poplar Street, Linden, (Perry County), Tennessee, seeks Certificate of Need (CON) approval for the establishment of a hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne counties. There is no major medical equipment involved and no other health services will be initiated or discontinued.

The applicant intends to provide a comprehensive range of non-residential hospice services for its patients, including nursing care, medical social services, physician services, spiritual and bereavement services, home care aide/homemaker, and therapy services.

The applicant will lease office space for $400 a month in Linden. The lessor states the fair market value (FMV) of the 902 square feet is $30,000 or $33.26 per square foot.

Hospice Alpha, Inc. is owned by is Chike R. Mbonu who currently operates a Home Health in Houston, Texas.

The total estimated project cost is $95,500 and will be funded through cash reserves as attested to in a letter from the Chief Financial Officer located in Supplemental 1.

GENERAL CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all of the general criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

NEED:
The applicant's service area includes Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne counties.

The following charts illustrate the population projections for the total population and the 65 and older population for service area. All 12 counties include all or some medically underserved areas, with 11 having the entire county designated as medical underserved areas.

Tennessee Primary Service Area Total Population Projections 2014 and 2018

County	2014 Population	2018 Population	% Increase or (Decrease)
Benton	16,257	16,104	-0.9%
Chester	17,472	17,999	3.0%
Decatur	11,822	12,080	2.2%
Hardin	26,012	26,244	0.9%
Henderson	28,186	28,631	1.6%
Hickman	24,422	24,698	1.1%
Humphreys	18,498	18,561	0.3%
Lawrence	42,329	42,387	0.1%
Lewis	12,112	12,224	0.9%
McNairy	26,582	27,299	2.7%
Perry	8,014	8,096	1.0%
Wayne	16,854	16,724	-0.8%
Total	**248,560**	**251,047**	**1.0%**

Source: *Tennessee Population Projections 2000-2020, June 2013 Revision*, Tennessee Department of Health, Division of Policy, Planning, and Assessment

Tennessee Primary Service Area Age 65 and Older Population Projections 2014 and 2018

County	2014 Population	2018 Population	% Increase or (Decrease)
Benton	3,698	3,864	4.5%
Chester	2,749	2,926	6.4%
Decatur	2,579	2,634	2.1%
Hardin	5,397	5,832	8.1%
Henderson	4,737	5,232	10.4%
Hickman	3,953	4,576	15.8%
Humphreys	3,575	3,809	0.3%
Lawrence	7,483	8,001	6.9%
Lewis	2,200	2,484	12.9%
McNairy	5,064	5,465	7.9%
Perry	1,707	1,909	11.8%
Wayne	3,005	3,219	7.1%
Total	**46,147**	**49,951**	**8.2%**

Source: *Tennessee Population Projections 2000-2020, June 2013 Revision*, Tennessee Department of Health, Division of Policy, Planning, and Assessment.

The Department of Health, Division of Policy, Planning, and Assessment calculated the need for hospice using the following formula:

Need Formula. The need for Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate

Where:

A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health; and

B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health, Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice

Penetration Rate and if there is a need shown for at least 120 additional hospice service recipients in the proposed Service Area.

The following formula to determine the demand for additional hospice service recipients shall be applied to each county, and the results should be aggregated for the proposed service area:

(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B=

Eighty (80%) of the statewide median hospice penetration rate is 0.367.

Projected Need for Hospice Services

County	Hospice Patients Served 2011	Hospice Patients Served 2012	Mean	Total Deaths 2011	Total Deaths 2012	Mean	Hospice Penetration Rate	80%
Benton	88	108	98	235	221	228	0.430	(14)
Chester	53	58	56	161	160	161	0.346	3
Decatur	45	43	44	145	150	148	0.298	10
Hardin	96	106	101	310	324	317	0.319	15
Henderson	107	125	116	276	296	286	0.406	(11)
Hickman	118	93	106	241	244	243	0.435	(17)
Humphreys	62	82	72	222	202	212	0.340	6
Lawrence	179	187	183	433	450	467	0.407	(18)
Lewis	42	38	40	133	114	124	0.324	5
McNairy	114	151	133	287	294	291	0.456	(26)
Perry	21	23	22	95	86	91	0.243	11
Wayne	69	60	65	154	170	162	0.398	(5)
Total								(41)

Source: Joint Annual Report of Hospices 2011-2012, Tennessee Department of Health, Division of Policy, Planning and Assessment-Office of Health Statistics.

Hospice Alpha included 6 counties that do not show a need in their service area despite the formula's direction to excluded counties where no need is shown. The formula yields a -41 need for hospice in the applicant's designated service area. Additionally, the formula states a need must be shown for at least 120 additional hospice service recipients in the proposed service area. Hospice Alpha, Inc. projects 48 patients will be served in year one of the project and 85 patients in year two. The applicant calculated a need of 22 patients, which is the calculated 85% for residential hospice need.

The applicant prepared a multi-page attachment to document those few counties in the state showing a need for more hospice care, and to further show how difficult it would be for a new hospice agency to provide care to just those counties. Six counties in the proposed service area show an actual need, and six counties do not. The applicant believes that "overutilization" in the counties that do not show additional need is so small, when compared to the need in the coterminous service area. The applicant makes the argument that the State Health Plan states that the proposed service area for in-home hospice should be "a reasonable area". The applicant contends that the fact 11 of the twelve counties are totally considered a medically underserved area and part of the 12th. Therefore, all twelve counties constitute their service area.

The applicant also states there is an undocumented need for hospice care in the total service area, indicating either there is resistance by the general public for hospice care or the general public is not aware of how hospice care improves the quality of life for terminally ill patients.

TENNCARE/MEDICARE ACCESS:
The applicant will participate in the Medicare and TennCare/Medicaid programs. The applicant will seek contracts with AmeriChoice, AmeriGroup, BlueCare, and TennCare Select.

Hospice Alpha, Inc. estimates 70% of its patients will be Medicare patients, while 23% 0f its patients will be TennCare/Medicaid.

ECONOMIC FACTORS/FINANCIAL FEASIBILITY:
The Department of Health, Division of Policy, Planning, and Assessment has reviewed the Project Costs Chart, the Historical Data Chart, and the Projected Data Chart to determine they are mathematically accurate and the projections are based on the applicant's anticipated level of utilization. The location of these charts may be found in the following specific locations in the Certificate of Need Application or the Supplemental material:

Project Costs Chart: The Project Costs Chart is located in the application on page 36. The total project cost is$95,500.

Historical Data Chart: There is no Historical Data Chart as this is a new project.

Projected Data Chart: The Projected Data Chart is located in Supplemental 1, R-42. The applicant projects 48 and 85 patients in years one and two, respectively. The total net operating revenue in year one is projected to be $98,332 and $228,864 in year two of the project.

The applicant's anticipated gross charge is $163.49, with a deduction of $13.08, resulting in a net charge of $150.41. The current Medicare per diem rate is $156.26.

The applicant stated that just applying for the counties which show a statistical need was deemed impractical. The applicant believes that following the letter of the guidelines which call for each proposed county show a need, results in a fragmented provider system. The applicant saw no other alternative then the proposed 12-county project.

CONTRIBUTION TO THE ORDERLY DEVELOPMENT OF HEALTHCARE:
The applicant will seek contractual relationships with providers upon approval of CON.

The applicant reports there will only be positive outcomes as a result of this project. Since existing providers are not providing care to the statistically-expected number of patients in the proposed service area, the project will have a positive effective on the service area.

In 2013, 1,172 hospice patients were seen in the service area. The applicant anticipates seeing only 48 patients during the first year of operation, or a 5.1% actual increase in hospice patients. The applicant states the project will have less effect-practically none at all on the utilization of existing providers than their own inability to provide hospice care.

The applicant's staffing is anticipated to be 1.0 FTE administrator, 2.0 FTE registered nurses, and 4.0 FTE certified nursing assistants.

Hospice Alpha will seek licensure from the Tennessee Department of Health, Board for Licensing Healthcare Facilities and Medicare and Medicaid certification.

SPECIFIC CRITERIA FOR CERTIFICATE OF NEED

The applicant responded to all relevant specific criteria for Certificate of Need as set forth in the document *Tennessee's State Health Plan.*

STANDARDS AND CRITERIA APPLICABLE TO BOTH RESIDENTIAL AND HOSPICE SERVICES APPLICATIONS

1. **Adequate Staffing:** An applicant should document a plan demonstrating the intent and ability to recruit, hire, train, assess competencies of, supervise and retain the appropriate numbers of qualified personnel to provide the services described in the application and that such personnel are

available in the proposed Service Area. In this regard, an applicant should demonstrate its willingness to comply with the general staffing guidelines and qualifications set forth by the National Hospice and Palliative Care Organization.

The applicant will utilize the National Hospice and Palliative Care Organization staffing guidelines.

2. **Community Linkage Plan:** The applicant shall provide a community linkage plan that demonstrates factors such as, but not limited to, relationships with appropriate health care system providers/services, and working agreements with other related community services assuring continuity of care focusing on coordinated, integrated systems. Letters from physicians in support of an application shall detail specific instances of unmet need for hospice services.

The applicant states they will seek relationships with agencies from which patients might be referred from hospitals, nursing homes assisted living facilities, other hospice agencies with which the applicant might refer patients.

The applicant provides physician letters of support in Supplemental C. Need.1.

3. **Proposed Charges:** The applicant shall list its benefit level charges, which shall be reasonable in comparison with those of other similar facilities in the Service Area or in adjoining service areas.

The applicant anticipates charging approximately $163.49 per day. The existing Medicare per diem is approximately $156.226.

4. **Access:** The applicant must demonstrate an ability and willingness to serve equally all of the Service Area in which it seeks certification. In addition to the factors set forth in HSDA Rule 072011-.01(1) (listing the factors concerning need on which an application may be evaluated), the HSDA may choose to give special consideration to an applicant that is able to show that there is limited access in the proposed Service Area.

According to the applicant, six of the 12 counties in their proposed service area show an unmet need have limited access to hospice services.

5. **Indigent Care.** The applicant should include a plan for its care of indigent patients in the Service Area, including

a. Demonstrating a plan to work with community-based organizations in the Service Area to develop a support system to provide hospice services to the indigent and to conduct outreach and education efforts about hospice services.

The applicant will seek relationships with agencies from which patients might be referred from hospitals, nursing homes assisted living facilities, other hospice agencies, in order to conduct research and educational efforts about hospice services, including providing services for indigent and/or charity care.

b. Details about how the applicant plans to provide this outreach.

The applicant will contact Community Centers, Rotary Clubs, Lion's Clubs, and other entities that might have available space to conduct these educational gatherings.

c. Details about how the applicant plans to fundraise in order to provide indigent and/or charity care.

The applicant provided details about how they plan to fundraise in order to provide indigent and/or charity care in an outlines Memorial Fund Policy located in Supplemental 1.

The applicant has allocated 5% of gross revenue for charity care.

6. **Quality Control and Monitoring:** The applicant should identify and document its existing or proposed plan for data reporting, quality improvement, and outcome and process monitoring system. Additionally, the applicant should provide documentation that it is, or intends to be, fully accredited by the Joint Commission, the Community Health Accreditation Program, Inc., the Accreditation Commission for Health Care, and/or other accrediting body with deeming authority for hospice services from the Centers for Medicare and Medicaid Services (CMS) or CMS licensure survey.

The applicant will participate as required in Quality Data Collection and Submission to CMS. The applicant has policies and procedures in place to meet their requirements. The applicant will begin using Hospice Item Set (HIS) beginning July, 1, 2014.

7. **Data Requirements:** Applicants should agree to provide the Department of Health and/or the Health Services and Development Agency with all reasonably requested information and statistical data related to the operation and provision of services and to report that data in the time and format requested. As a standard of practice, existing data reporting streams will be relied upon and adapted over time to collect all needed information.

The applicant agrees to comply will all reporting requirements of the State.

8. **Education.** The applicant should provide details of its plan in the Service Area to educate physicians, other health care providers, hospital discharge planners, public health nursing agencies, and others in the community about the need for timely referral of hospice patients.

The applicant states there is an undocumented need for hospice care in the total service area, indicating either there is resistance by the general public for hospice care or the general public is not aware of how hospice care improves the quality of life for terminally ill patients.

The applicant will train nursing staff to conduct educational presentations on hospice care at area facilities. In addition, these nurses will make appointments to interact with area physicians to ensure they are not only active participants in the plan of care for terminally ill patients, but they also understand the hospice services available from the agency.

NEED
HOSPICE SERVICES

DEFINITIONS

"Service Area" shall mean the county or contiguous counties represented on an application as the area in which an applicant intends to provide Hospice Services and/or in which the majority of its service recipients reside. Only counties with a Hospice Penetration Rate that is less than 80 percent of the Statewide Median Hospice Penetration Rate may be included in a proposed Service Area.

"Statewide Median Hospice Penetration Rate" shall mean the number equal to the Hospice Penetration Rate (as described below) for the median county in Tennessee.

NEED

Need Formula. The need for Hospice Services shall be determined by using the following Hospice Need Formula, which shall be applied to each county in Tennessee:

A / B = Hospice Penetration Rate

Where:

A = the mean annual number of Hospice unduplicated patients served in a county for the preceding two calendar years as reported by the Tennessee Department of Health; and

B = the mean annual number of Deaths in a county for the preceding two calendar years as reported by the Tennessee Department of Health.

Note that the Tennessee Department of Health, Joint Annual Report of Hospice defines "unduplicated patients served" as "number of patients receiving services on day one of reporting period plus number of admissions during the reporting period."

Need shall be established in a county (thus, enabling an applicant to include it in the proposed Service Area) if its Hospice Penetration Rate is less than 80% of the Statewide Median Hospice Penetration Rate and if there is a need shown for at least 120 additional hospice service recipients in the proposed Service Area.

The following formula to determine the demand for additional hospice service recipients shall be applied to each county, and the results should be aggregated for the proposed service area:

(80% of the Statewide Median Hospice Penetration Rate – County Hospice Penetration Rate) x B=

Eighty (80%) of the statewide median hospice penetration rate is 0.367.

Projected Need for Hospice Services

County	***Hospice Patients Served 2011***	***Hospice Patients Served 2012***	***Mean***	***Total Deaths 2011***	***Total Deaths 2012***	***Mean***	***Hospice Penetration Rate***	***80%***
Benton	*88*	*108*	*98*	*235*	*221*	*228*	*0.430*	*(14)*
Chester	*53*	*58*	*56*	*161*	*160*	*161*	*0.346*	*3*
Decatur	*45*	*43*	*44*	*145*	*150*	*148*	*0.298*	*10*
Hardin	*96*	*106*	*101*	*310*	*324*	*317*	*0.319*	*15*
Henderson	*107*	*125*	*116*	*276*	*296*	*286*	*0.406*	*(11)*
Hickman	*118*	*93*	*106*	*241*	*244*	*243*	*0.435*	*(17)*
Humphreys	*62*	*82*	*72*	*222*	*202*	*212*	*0.340*	*6*
Lawrence	*179*	*187*	*183*	*433*	*450*	*467*	*0.407*	*(18)*
Lewis	*42*	*38*	*40*	*133*	*114*	*124*	*0.324*	*5*
McNairy	*114*	*151*	*133*	*287*	*294*	*291*	*0.456*	*(26)*
Perry	*21*	*23*	*22*	*95*	*86*	*91*	*0.243*	*11*
Wayne	*69*	*60*	*65*	*154*	*170*	*162*	*0.398*	*(5)*
Total								*(41)*

Source: Joint Annual Report of Hospices 2011-2012, Tennessee Department of Health, Division of Policy, Planning and Assessment-Office of Health Statistics

Hospice Alpha included 6 counties that do not show a need in their service area despite the formula's direction to excluded counties where no need is shown. The formula yields a -41 need for hospice in the applicant's designated service area. Additionally, the formula states a need must be shown for at least 120 additional hospice service recipients in the proposed service area. The applicant meets neither of these criteria.

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Hardin* county in addition to the following counties: Benton, Chester, Decatur, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Rhonda Cummings RN BSN
Deaconess Home Care
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Decatur* county in addition to the following counties. Benton, Chester, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Sandra Miller, RN
Volunteer Home Health - Parsons, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

DHC
DEACONESS
HOMECARE

RECEIVED
JUL 28 2014

July 23, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of need (CN1404-010) in McNairy County in addition to the following counties: Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Deaconess HomeCare of Selmer TN currently covers McNairy, Hardeman, Chester, and Madison counties.

Sincerely,

Serena Thomas RN COS-C

Serena Thomas RN COS-C
Director/Branch Manager

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

150 South Y Square, Selmer, TN 38375
Phone: 731.645.8088 • Fax: 731.645.8086

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Hardin* county in addition to the following counties: Benton, Chester, Decatur, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Jeena Wardlow Jenkins RN Dov, administrator
HMC HomeCare
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

August 7, 2014

Melanie M. Hill, Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, TN 37243

It is my understanding Hospice Alpha, Inc. is seeking Certificate of Need (CN1404-010) in *Hardin* county in addition to the following counties: Benton, Chester, Decatur, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne.

Currently, our needs are well taken care of by the current providers of Hospice care and we do not believe that we would benefit from another hospice provider in this area. We currently experience fast response to referrals, immediate response to ongoing needs of hospice patients, and more than adequate care.

We hope that you respectfully decline this Certificate of Need in the above counties to ensure we continue to receive the right amount of hospice and end of life care to our eligible patients.

Sincerely,

Jeena Wardlow Jenkins RN Dov, administrator
HMC HomeCare
Savannah, TN

Cc: Mr. E. Graham Baker, Jr., Esquire
2021 Richard Jones Road, Suite 120
Nashville, TN 37215

Via: Regular Mail

STITES & HARBISON PLLC
ATTORNEYS

SunTrust Plaza
401 Commerce Street
Suite 800
Nashville, TN 37219
[615] 782-2200
[615] 782-2371 Fax
www.stites.com

August 12, 2014

Jerry W. Taylor
(615) 782-2228
(615) 742-0703 FAX
jerry.taylor@stites.com

Melanie M. Hill
Executive Director
Tennessee Health Services and Development Agency
Andrew Jackson Building, Ninth Floor
502 Deaderick Street
Nashville, TN 37243

RE: Hospice Alpha, Inc.
CN1404-010

Dear Ms. Hill:

I am writing on behalf of Tennessee Quality Hospice to express its opposition to the above referenced certificate of need application. Tennessee Quality Hospice has been providing hospice services to the area since 1997, and is licensed to serve all 12 counties designated by the applicant as its proposed service area. Tennessee Quality Hospice is certified for Medicare and Medicaid, and is ready, willing and able to continue its service to hospice eligible patients throughout the proposed service area.

The application fails to meet the applicable criteria of need, economic feasibility and contribution to the orderly development of health care. Representatives of Tennessee Quality Hospice will be in attendance at the meeting at which this matter will be considered in order to express its concerns and opposition more fully. Thank you.

Sincerely yours,

STITES & HARBISON, PLLC

Jerry W. Taylor

cc: E. Graham Baker, Jr., Esq.

West Tennessee Healthcare™

620 Skyline Drive • Jackson, Tennessee 38301 • 731-541-5000 • www.wth.org

July 29, 2014

Ms. Melanie Hill, Executive Director
State of Tennessee Health Services and Development Agency
Andrew Jackson Building, 9th Floor
502 Deaderick Street
Nashville, Tennessee 37243

RE: Hospice Alpha, Inc. CN1404-010
Opposition by Hospice of West Tennessee

Dear Ms. Hill,

This letter serves as notification that Hospice of West Tennessee is in opposition of CN1404-010 submitted by Hospice Alpha, Inc. for the establishment of as hospice agency to serve in-home residents of Benton, Chester, Decatur, Hardin, Henderson, Hickman, Humphreys, Lawrence, Lewis, McNairy, Perry, and Wayne Counties. We believe there is not an established need for this project; that it is not economically feasible, and does not contribute to the orderly development of healthcare in these counties of Tennessee.

We will have representatives at the Health Services and Development Agency meeting on August 27th.

Sincerely,

Victoria S. Lake
Director Market Research and Community Development

Cc: E. Graham Baker, Attorney at Law
Dan Elrod, Butler Snow, LLP
Bobby Arnold, President & CEO, West Tennessee Healthcare
James Ross, Vice President/Chief Operating Officer, West Tennessee Healthcare
Catherine Kwasigroh, Vice President, West Tennessee Healthcare
Gina Myracle, Executive Director, Kirkland Cancer Center
Shelly Rowlett, Director, Hospice of West Tennessee

Town Of Linden

"A family kind of place"

GATEWAY TO FUN
PERRY COUNTY
LINDEN, TENNESSEE

April 28, 2014

Melanie Hill, Executive Director
Health Services Development Agency
Andrew Jackson Bldg. 9th Floor
502 Deadrick Street
Nashville, TN 37243

Dear. Miss. Hill:

I would like to express to you, and the review committee, my support of Hospice Alpha Inc.'s application for a Certificate of Need to provide hospice care in Linden and Perry County.

As Mayor of the Town of Linden I can attest to the need for hospice care by our aging population. Hospice Alpha Inc., if approved, can provide the needed end of life care.

Please give Hospice Alpha Inc., the opportunity to meet this need.

Sincerely

Jim Azbill

Mayor

P. S.

I have no affiliation with this company.

P.O. Box 46 • 216 E. Main St. • Linden, Tennessee 37096 • 931-589-2736 • Fax 931-589-3767

Established 1819

PERRY COUNTY

John H. Carroll, County Mayor

P.O. Box 16 • Linden, TN 37096 • (931) 589-2216

April 28, 2014

Melanie Hill, Executive Director
Health Services Development Agency
Andrew Jackson Bldgs., 9TH Floor
502 Deadrick Street
Nashville, TN 37243.

Dear Ms. Hill,

It is my pleasure to write a letter in support of the proposal Hospice Alpha Inc. for a Certificate of Need application. This area desperately needs the Hospice agency for hospice services needed. Hospice Alpha
Inc. services will assist those with end of life care in this area at large.

I respectfully urge you to support this beneficial program that all our
Community will be benefited from. This will also help the economy of this area, surrounding cities and counties.

Respectfully,

John H. Carroll,
Perry County Mayor